


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000834</b> 1. Entity Name LLOYDS ESCROW COMPANY, L.C.	
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Principal Place of Business 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496
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06252004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0770964	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KEMPPAINEN, HANNU T  
5030 CHAMPION BLVD., STE. G-6292  
BOCA RATON, FL 33496

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000162392  
07/01/04-800002-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMPPAINEN, HANNU T 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYDS FINANCE FUND, LLC 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JUL 28 - 2004**

Date

Daytime Phone #