

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001828

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: B, S, S & S FINANCIAL SERVICES, L.C.

**Current Principal Place of Business:**

9655 S. DIXIE HIGHWAY, THIRD FLOOR  
MIAMI, FL 33156

**New Principal Place of Business:**

9655 SOUTH DIXIE HIGHWAY  
3RD FLOOR  
MIAMI, FL 33156

**Current Mailing Address:**

9655 S. DIXIE HIGHWAY, THIRD FLOOR  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-1712820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SPRITZER, MICHAEL  
Address: 9655 S. DIXIE HIGHWAY, THIRD FLOOR  
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Delete  
Name: BERENFELD, MARC  
Address: 9655 S. DIXIE HIGHWAY, THIRD FLOOR  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: MICHAEL SPRITZER

MGRM

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date