

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005542****1. Entity Name**  
FINANCIAL CONNECTIONS OF SOUTH FLORIDA, L.L.C.

<b>Principal Place of Business</b> 6250 W. OAKLAND PARK BLVD., SUITE 8  SUNRISE FL 33313	<b>Mailing Address</b> 6250 W. OAKLAND PARK BLVD., SUITE 8  SUNRISE FL 33313
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<b>2. Principal Place of Business</b> 6250 W. OAKLAND PARK BLVD., SUITE 2  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6250 W. OAKLAND PARK BLVD., SUITE 2  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> SUNRISE FL	<b>City &amp; State</b> SUNRISE FL	<b>4. FEI Number</b> 65-0939926	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> 33313	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JUMPINGJAXTAX.COM, INC. 8551 WEST SUNRISE BLVD.  PLANTATION FL 333224007 US	<b>7. Name and Address of New Registered Agent</b>  Name JUMPINGJAXTAX.COM, INC. Street Address (P.O. Box Number is Not Acceptable) 1940 HARRISON ST., STE. 200-B  City HOLLYWOOD FL Zip Code 330205072
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**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.****SIGNATURE** \_\_\_\_\_ **03/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CLAIRE FRANKLIN 6250 WEST OAKLAND PARK BLVD. SUNRISE FL 33313 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CLAIRE FRANKLIN 6250 WEST OAKLAND PARK BLVD., STE. 2 SUNRISE FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify 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 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:** FRANKLIN, CLAIRE **MGR** **03/08/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)