

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007784 1. Entity Name FIRST NLC FINANCIAL SERVICES, LLC	
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Principal Place of Business 700 W. HILLSBORO BLVD. BUILDING 1, SUITE 204 DEERFIELD BEACH, FL 33441	Mailing Address 700 W. HILLSBORO BLVD. BUILDING 1, SUITE 204 DEERFIELD BEACH, FL 33441
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04192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959970	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HENSCHEL, JEFFREY 700 W. HILLSBORO BLVD. BUILDING 1, SUITE 204 DEERFIELD BEACH, FL 33441
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TONKEL, J. ROCK 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRIX, RICHARD 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARDEN, MICHAEL 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWERS, BRIAN 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSCHEL, NEAL S 700 WEST HILLSBORO BLVD., BLDG. 1 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSCHEL, JEFFREY N 700 WEST HILLSBORO BLVD., BLDG. 1 DEERFIELD BEACH, FL 33441

U00000339049
04/28/05-80056-017 50.00

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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 608, Florida Statutes.

SIGNATURE: _____ DATE: 4/28/05 (800) 950-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

JEFFREY M. HENSCHER, PRESIDENT