


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000503 1. Entity Name POPULAR FINANCIAL SERVICES, LLC	
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Principal Place of Business 301 LIPPINCOTT DRIVE MARLTON, NJ 08053	Mailing Address 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
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04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2249245	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WILLIAMS, CAMERON E 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO JENKINS, JAMES H 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP FISHER, GREGORY 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MARTELLA, JOHN N 301 LIPPINCOTT DR. MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000333027 04/26/05-80083-011 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:


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

John N. Martella

4/25/05

856.396.2300

Date

Daytime Phone #