

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # M0000001323

1. Entity Name

FORT LAUDERDALE BUSINESS AND CURRENCY
SERVICES, LLC



Principal Place of Business

100 TERMINAL DRIVE
FORT LAUDERDALE AIRPORT
FORT LAUDERDALE FL 33063

Mailing Address

1971 LYONS RD., #306
COCONUT CREEK FL 33063

2. Principal Place of Business

3. Mailing Address

14804 Enclave Lakes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

T-1

City & State

City & State

Delray Beach

4. FEI Number

65-1010175

Applied For
Not Applicable

Zip

Country

Zip

FL

Country

33484

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESTGARD, SALLY
1971 LYONS RD, #306
COCONUT CREEK FL 33063

Name

Sally Prestgard (sac)

Street Address (P.O. Box Number is Not Acceptable)

14804 Enclave Lakes

T-1

City

Delray Beach

FL 33484

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

Sally Prestgard

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

(NOTE Registered Agent signature required when reinstating)

DATE

4/19/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE PRES
NAME PRESTGARD, SALLY
STREET ADDRESS 1971 LYONS RD., STE. 306
CITY-ST-ZIP COCONUT CREEK FL 33063

Delete

*see address
change above*

Change

Addition

TITLE VP/S
NAME KUIKEN, PETER
STREET ADDRESS 130 S. FRANKLIN AVE., STE. 100
CITY-ST-ZIP GARDEN CITY NY 11530

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

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: *Sally Prestgard*

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

4/19/05

561 498-4395
Daytime Phone #