


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90103 002 ****50.00

DOCUMENT # M00000001323 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 Suite, Apt. #, etc.		3. Mailing Address 14804 Enclave Lakes # T-1 City & State Delray Beach			
City & State		City & State Delray Beach		4. FEI Number 65-1010175	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip FL		Country 33484		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRESTGARD, SALLY 1971 LYONS RD, #306 COCONUT CREEK FL 33063			7. Name and Address of New Registered Agent Name Sally Prestgard (same) Street Address (P.O. Box Number is Not Acceptable) 14804 Enclave Lakes # T-1 City Delray Beach FL Zip Code 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 <u><i>Sally Prestgard</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/19/05</u>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PRES PRESTGARD, SALLY 1971 LYONS RD., STE. 306 COCONUT CREEK FL 33063 <i>see address change above</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S KUIKEN, PETER 130 S. FRANKLIN AVE., STE. 100 GARDEN CITY NY 11530		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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: <u><i>Sally Prestgard</i></u> DATE <u>4/19/05</u> DAYTIME PHONE # <u>561 498-4395</u>					