


# ANNUAL REPORT (AR)

DOCUMENT # M00000001323		
1. Entity Name FORT LAUDERDALE BUSINESS AND CURRENCY SERVICES, LLC		

FILED

2007 MAR 27 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FL 32301



Principal Place of Business 100 TERMINAL DRIVE FORT LAUDERDALE AIRPORT FORT LAUDERDALE FL 33063	Mailing Address 14804 ENCLAVE LAKES #T-1 DELRAY BEACH FL 33484
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 420 Water Oak Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State mandeville, LA	
Zip	Country	Zip	Country
		70471	US

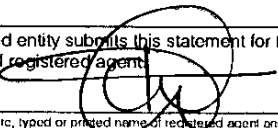
1st MOORE CR2E083 (10/06)

4. FEI Number 65-1010175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PRESTGARD, SALLY 14804 ENCLAVE LAKES #T-1 DELRAY BEACH FL 33484	7. Name and Address of New Registered Agent Name Karen White Street Address (P.O. Box Number is Not Acceptable) 8800 N. Crescent Drive City miramar FL Zip Code 33025
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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. I am familiar with, and accept the obligations of registered agent.

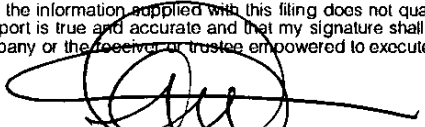
SIGNATURE  DATE 3/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PRESTGARD, SALLY 14804 ENCLAVE LAKES #T-1 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Laurel Hill 420 Water Oak Lane mandeville, LA 70471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DRUCKMAN, SUSAN 1000 FRANKLIN AVE SUITE 100 GARDEN CITY NY 11530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Susan Druckman 29 Broadway NY, NY 10006 <input checked="" 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	Director Karen White 8800 N. Crescent DR miramar, FL 33025 <input type="checkbox"/> Change <input checked="" 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	02/20/07 90369 006 \$50.00 <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 exemptions contained in Section 119, 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 3/27/07

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