LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

9/23/2003-90023-034-$50.00-$50.00

FILED

03 OCT -7 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90158165

DOCUMENT # M01000001357

1. Entity Name

CARRIER FINANCIAL GROUP, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 WOODLAKE BLVD.	320 E. JEFFERSON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: SOUTH BEND, IN
Zip: 33463 Country:	Zip: 46601 Country:

4. FEI Number: 35-2139663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MANAGER	TITLE	
NAME	CROWE GROUP LLP	NAME	
STREET ADDRESS	320 E. JEFFERSON BLVD.	STREET ADDRESS	
CITY - ST - ZIP	SOUTH BEND, IN 46601	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
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CR2E063B (12/02)

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: James B. [illegible] 9/15/03 574-225-6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1