

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000559

FILED
Feb 13, 2004
Secretary of State

Entity Name: PATRIOT FINANCIAL GROUP, LLC

Current Principal Place of Business:

39 RIVER BEND RD.
CLINTON, NJ 08809

New Principal Place of Business:

Current Mailing Address:

39 RIVER BEND RD.
CLINTON, NJ 08809

New Mailing Address:

FEI Number: 47-0849412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEHER, MICHAEL L PRESIDE
25400 US 19 N.
SUITE 118
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HUFFMAN, DONALD
Address: 25400 US 19 N., #118
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM () Delete
Name: NEHER, MICHAEL L
Address: 2395 WALL ST., #220
City-St-Zip: CONYERS, GA 30013 US

Title: MGRM () Delete
Name: BURIAM, WILLIAM G
Address: 39 RIVER BEND ROAD
City-St-Zip: CLINTON, NJ 08809 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LITTLE, GARY
Address: 25400 US 19 N., #118
City-St-Zip: CLEARWATER, FL 33763 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL NEHER

PRES

02/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date