


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90067 005 ****55.00

DOCUMENT # M02000000961	
1. Entity Name ADDISON CAPITAL GROUP, LLC	

Principal Place of Business 318 N. CARSON ST., STE. 208 CARSON CITY, NV 89701	Mailing Address 318 N. CARSON ST., STE. 208 CARSON CITY, NV 89701
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24057246

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

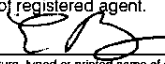


04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0697540		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent BRANDON-BROWN, ELIZABETH 900 N. FEDERAL HWY., STE. 410 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name BRANDON BROWN ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 708 La Fontaine Blvd Suite B1 City BOCA RATON FL FL 33434	
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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.

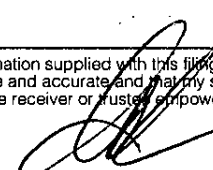
SIGNATURE  DATE _____

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

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 900 N. FEDERAL HWY., STE. 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 700 W. Camino Real Suite 402 BOCA RATON FL 33433 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TODD, MICHAEL G 900 N. FEDERAL HWY., SUITE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TODD, MICHAEL G 700 W. Camino Real Suite 402 BOCA RATON FL 33433 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 900 N. FEDERAL HWY., SUITE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 700 W. Camino Real Suite 402 BOCA RATON FL 33433 <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:  **Diane Bloom** Date **4/24/04** 561 497-715

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