## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002690

Entity Name: TRI-STATE WESTERN FINANCIAL SERVICES, LLC

FILED Mar 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA 1819 MAIN STREET, SUITE 610

SARASOTA, FL 34236

4449 BAY SHORE ROAD SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

C/O NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA 1819 MAIN STREET, SUITE 610  $\,$ 

SARASOTA, FL 34236

4449 BAY SHORE ROAD SARASOTA, FL 34234

FEI Number: 16-1662839 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORTON, SAM D C/O NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA 1819 MAIN STREET, SUITE 610

SARASOTA, FL 34236

JACOBS, HOWARD A 4449 BAY SHORE ROAD SARASOTA, FL 34234

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: HOWARD A. JACOBS 03/10/2004

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

Name: TRI-STATE FUNDING, A, STATUTORY TRU S T
Address: 1912 CAPITAL AVEUNE, SUITE 406
Address: Office States

City-St-Zip: CHEYENNE, WY 82003 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: HOWARD A. JACOBS - TRUSTEE MGR 03/10/2004