

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003312

**FILED**  
**Jan 10, 2004**  
**Secretary of State**

**Entity Name:** GALLOWS FINANCIAL, LLC

**Current Principal Place of Business:**

625 MAIN ST., STE. 103  
WINDERMERE, FL 34786

**New Principal Place of Business:**

625 MAIN ST.  
SUITE 103  
WINDERMERE, FL 34786

**Current Mailing Address:**

625 MAIN ST., STE. 103  
WINDERMERE, FL 34786

**New Mailing Address:**

625 MAIN ST.  
SUITE 103  
WINDERMERE, FL 34786

**FEI Number:** 30-0076648

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: COHEN, JAMES JR.  
Address: 625 MAIN ST., STE. 103  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: COHEN, PATRICIA A  
Address: 625 MAIN ST., STE. 103  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

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: JAMES COHEN, JR.

MGR

01/10/2004

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