

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000271

Entity Name: FIRST SOURCE, LLC

FILED  
May 09, 2005  
Secretary of State

**Current Principal Place of Business:**

3180 FRANKLIN STREET STE. B  
AVONDALE ESTATES, GA 30002

**New Principal Place of Business:**

1602 SCOTT BLVD  
DECATUR, GA 30033

**Current Mailing Address:**

3180 FRANKLIN STREET STE. B  
AVONDALE ESTATES, GA 30002

**New Mailing Address:**

13762 W SR 84  
DAVIE, FL 33325

FEI Number: 58-2605157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GOLDSMITH, JAMES  
3857 TURTLE RUN BLVD #2133  
CORAL SPRINGS, FL 33067      US

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

GOLDSMITH, JAMES  
13762 W SR 84  
DAVIE, FL 33325      US

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: JAMES GOLDSMITH

05/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOLDSMITH, JAMES  
Address: 3857 TURTLE RUN BLVD #2133  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOLDSMITH, JAMES  
Address: 13762 W SR 84  
City-St-Zip: DAVIE, FL 33325

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 GOLDSMITH

MGR

05/09/2005

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