


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90083 003 ****50.00

DOCUMENT # M04000000731	
1. Entity Name RIGONDA FINANCIAL GROUP, L.L.C.	

Principal Place of Business 1215 AVE. N., UNIT 2B BROOKLYN, NY 11230	Mailing Address 1215 AVE. N., UNIT 2B BROOKLYN, NY 11230
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20003796



2. Principal Place of Business 1786 Coney Island Ave. Suite, Apt. #, etc. 200	3. Mailing Address 1786 Coney Island Ave. Suite, Apt. #, etc. 200
City & State Brooklyn NY	City & State Brooklyn NY
Zip 11230	Country Kings

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1089599	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COMPLIANCE CONSULTING CORP. OF FLORIDA 521 LAKE AVE., SUITE 4 LAKE WORTH, FL 33460	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Boris Oster DATE 1/20/05
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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSTER, BORIS 1215 AVE. N., UNIT 2B BROOKLYN, NY 11230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Boris Oster DATE 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date Daytime Phone #)