

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/25/2003-90041-033-\$50.00-\$50.00

FILED

03 OCT -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM

DOCUMENT # L02000022108



1. Entity Name
THE ADVISORS PLANNING GROUP, LLC

Principal Place of Business 901 VENETIA BAY BLVD., SUITE 350 VENICE FL 34292 34285	Mailing Address 901 VENETIA BAY BLVD., SUITE 350 VENICE FL 34292 34285
--	--

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



10/6 CHECK HERE IF MAKING CHANGES

4. FEI Number 81-0568686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AABEL, SCOTT E~~
**901 VENETIA BAY BLVD., SUITE 350
VENICE FL 34292 34285**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
------	--	------	----	----------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SCOTT E AABEL
			7750 SILVER BELL LANE
			SARASOTA FL 34241
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER MEMBER
			GARY DiDONNA
			4797 SWEETMEADOW CIR
			SARASOTA FL 34238
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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)(l), 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: **SCOTT E AABEL** *[Signature]* **MANAGING MEMBER** 9/23/03 (941) 412-1199
PRESIDENT

CR2E083 (4/03)