



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90331 025 ****55.00

DOCUMENT # L03000023660 1. Entity Name FLAGLER FINANCIAL ADVISORS, L.L.C.					
Principal Place of Business ONE DONDANVILLE RD - CQ 116 ST. AUGUSTINE, FL 32080 US				Mailing Address ONE DONDANVILLE RD - CQ 116 ST. AUGUSTINE, FL 32080 US	
2. Principal Place of Business 1 Dondanville Rd Suite, Apt. #, etc. CQ # 116 City & State St Augustine FL Zip 32080 Country USA		3. Mailing Address 1 Dondanville Rd Suite, Apt. #, etc. CQ # 116 City & State St Augustine FL Zip 32080 Country USA			
4. FEI Number 13-4255696				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				05062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent TESTONI, MICHAEL ONE DONDANVILLE RD - CQ 116 ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent 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 <u>Michael Testoni</u> (Existing Registered Agent) DATE <u>5/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TESTONI, MICHAEL ONE DONDANVILLE RD - CQ 116 ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: <u>Michael Testoni</u> MANAGING MEMBER DATE <u>5/26/04</u> 386-447-7585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					