



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-03-2004 90145 048 ****50.00

DOCUMENT # L03000031749					
1. Entity Name AVANTI WEALTH MANAGEMENT, LLC					
Principal Place of Business 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750		Mailing Address 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750		34006985 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-0189388	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILELLO, JOSEPH J 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 re-registering)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Joseph Bilello <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	100 Crown Oak Centre Dr	NAME			
STREET ADDRESS	Longwood FL 32750 mmm mmb	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Leisa Bilello <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	100 Crown Oak Centre Drive	NAME			
STREET ADDRESS	Longwood FL 32750 mmm mmb	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 606, Florida Statutes.					
SIGNATURE: Joseph J Bilello		Date: 4/26/04		Daytime Phone #: 407331-7330	