

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048789

Entity Name: ADAVIS FINANCIAL, LLC

FILED
Jul 27, 2005
Secretary of State

Current Principal Place of Business:

826 MONTANA STREET
ORLANDO, FL 32803

New Principal Place of Business:

2302 CAROL WOODS WAY
APOPKA, FL 32712

Current Mailing Address:

826 MONTANA STREET
ORLANDO, FL 32803

New Mailing Address:

2302 CAROL WOODS WAY
APOPKA, FL 32712

FEI Number: 20-1304557 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:

COLLEGE PARK ACCOUNTING
1404 EDGEWATER DRIVE
ATTN: CANDI SMITH
ORLANDO, FL, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIS, ALYSSA B
Address: 826 MONTANA STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGRM () Delete
Name: CLARK, DAPHNE L
Address: 229 MARLIN CIRCLE / PO BOX 27506
City-St-Zip: PANAMA CITY BEACH, FL 32411

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, ALYSSA B
Address: 2302 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALYSSA DAVIS

MGR

07/27/2005

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