
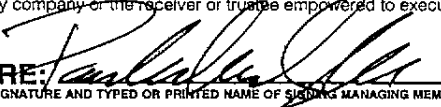


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002718					
1. Entity Name ING FINANCIAL ADVISERS, LLC					
Principal Place of Business 151 FARMINGTON AVE., #TN41 HARTFORD, CT 06156-2000			Mailing Address 20 WASHINGTON AVE. S. MINNEAPOLIS, MN 55401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBORST, RONALD		NAME		
STREET ADDRESS	7676 RAZARD CTR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92108		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, ALLAN		NAME		
STREET ADDRESS	151 FARMINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 06156		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLUDRAY-ENGELKE, PAULA		NAME		
STREET ADDRESS	20 WASHINGTON AVE. S.		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCIS, ROBERT		NAME		
STREET ADDRESS	151 FARMINGTON AVE., #TN41		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061562000		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, ALLAN		NAME		
STREET ADDRESS	151 FARMINGTON AVE., #TN41		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061562000		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, SHAUN		NAME		
STREET ADDRESS	151 FARMINGTON AVE., #TN41		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061562000		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)(f), 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: 			Paula Cludray-Engelke 4/22/04 (612) 342-3968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



01122004 Chg-LLC CR2E083 (10/03)

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