

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# M08000000132

Entity Name: ADVISORS EXCEL, LLC

Current Principal Place of Business:

825 N. KANSAS AVENUE, SUITE 510
TOPEKA, KS 66612

New Principal Place of Business:

825 S. KANSAS AVENUE, SUITE 510
TOPEKA, KS 66612

Current Mailing Address:

825 N. KANSAS AVENUE, SUITE 510
TOPEKA, KS 66612

New Mailing Address:

825 S. KANSAS AVENUE, SUITE 510
TOPEKA, KS 66612

FEI Number: 20-2111111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A CORP
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS, FL 33410 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: MGRM () Delete
Name: CALLANAN, DAVID
Address: 825 N. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

Title: MGRM () Delete
Name: FOSTER, CODY G
Address: 825 N. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALLANAN, DAVID MANAGER
Address: 825 S. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

Title: MGR (X) Change () Addition
Name: FOSTER, CODY G MANAGER
Address: 825 S. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

Title: MGR () Change (X) Addition
Name: THOMPSON, DEREK J MANAGER
Address: 825 S. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

Title: MEMB () Change (X) Addition
Name: DDC HOLDINGS, LLC,
Address: 825 S. KANSAS AVENUE, SUITE 510
City-St-Zip: TOPEKA, KS 66612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID CALLANAN

MGR

02/27/2009

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