

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034395

**FILED**  
**Jul 08, 2004**  
**Secretary of State**

**Entity Name:** ADVANCED SOLUTION HOMEBUYERS, LLC

**Current Principal Place of Business:**

PO BOX 3319  
SARASOTA, FL 34230

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3319  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 51-0446558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, KEVIN  
2073 LINWOOD WAY  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

MURPHY, KEVIN  
5749 WHISTLEWOOD CIRCLE  
SARASOTA, FL 34232 US

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: \_\_\_\_\_

07/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MURPHY, KEVIN  
Address: 5749 WHISTLEWOOD CIR  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

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: KEVIN MURPHY

MGR

07/08/2004

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