

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000006288

**FILED**  
**Jul 15, 2007**  
**Secretary of State**

**Entity Name:** THE FINANCIAL ENGINEERING ALLIANCE, LLC

**Current Principal Place of Business:**

25400 U.S. HWY 19 NORTH, SUITE 226  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

25400 U.S. HWY 19 NORTH, SUITE 226  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 59-3650632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREGORY, NICHOLAS  
25400 U.S. HWY 19 NORTH, SUITE 226  
CLEARWATER, FL 33763 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: GREGORY, NICHOLAS  
Address: 25400 U.S. HWY 19 NORTH, SUITE 226  
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM (X) Delete  
Name: PERSKY, JONATHAN  
Address: PO BOX 14281 - 6306 S. MCDILL  
City-St-Zip: TAMPA, FL 33690

**ADDITIONS/CHANGES:**

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

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

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: NICHOLAS L. GREGORY

PRES

07/15/2007

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