

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010913

FILED
Mar 21, 2005
Secretary of State

Entity Name: BARON, SILVER, STEVENS FINANCIAL ADVISORS, L.L.C.

Current Principal Place of Business:

5555 ANGLERS AVENUE
SUITE 1B
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

5555 ANGLERS AVENUE
SUITE 1B
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-1039401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, SETH E P.A.
2600 NORTH MILITARY TRAIL, STE. 290
BOCA RATON, FL 33431 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/MEMBERS:

Title: MGR () Delete
Name: BARON, HOWARD S
Address: 2750 N. 29TH AVE., SUITE 210
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: SILVER, MICHAEL J
Address: 2750 N. 29TH AVE., SUITE 210
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: STEVENS, PETER L
Address: 2750 N. 29TH AVE., SUITE 210
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

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

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 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: HOWARD S. BARON

HB

03/21/2005

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