


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000046 1. Entity Name ARDEN ADVISORS, LLC	
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Principal Place of Business 17058 WHITEHAVEN DRIVE BOCA RATON, FL 33496	Mailing Address 17058 WHITEHAVEN DRIVE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1064267	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 STEINBERG, LAWRENCE B ESQ. 700 S FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEINBERG, SHERRYL F 5855 PADDINGTON WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENSPOON, GAIL 5855 PADDINGTON WAY BOCA RATON, FL 33496
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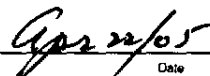
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04/25/05-80147-015 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



Date

Daytime Phone #