


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007805
 1. Entity Name
MCDIRMIT DAVIS PUCKETT FINANCIAL ADVISORS, LLC.



Principal Place of Business
**605 E ROBINSON ST., STE 635
 ORLANDO, FL 32801**

Mailing Address
**605 E ROBINSON ST., STE 635
 ORLANDO, FL 32801**



DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-7207506	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
**PUCKETT, CHARLES W
 605 E ROBINSON ST., STE 635
 ORLANDO, FL 32801**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, EUGENE R 605 E ROBINSON ST., STE 635 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDIRMIT, ELDEN G 605 E ROBINSON ST., STE 635 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PUCKETT, CHARLES W 605 E ROBINSON ST., STE 635 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000060907
 02/23/04-80056-020 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elden G. McDirmit **1/8/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #