

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90084 021 ****55.00

DOCUMENT # L01000012319

1. Entity Name
INTERNATIONAL ASSETS ADVISORY, LLC



Principal Place of Business
**300 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801**

Mailing Address
**300 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801**



06282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734291

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANKEL, MENASHE
300 S ORANGE AVE
STE 1100
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 _____

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAKESIDE ASSETS, LLC
300 S. ORANGE AVE. SUITE 1100
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRANKEL, MENASHE
300 S. ORANGE AVE. SUITE 1100
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CUFF, SHERI M
300 S. ORANGE AVE. SUITE 1100
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WARD, MICHAEL M
300 S. ORANGE AVE. SUITE 1100
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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

6/27/05 407-254-1515

Date

Daytime Phone #