# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L01000012319

1. Entity Name
INTERNATIONAL ASSETS ADVISORY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 300 S. ORANGE AVENUE<br>SUITE 1100<br>ORLANDO, FL 32801 | 300 S. ORANGE AVENUE<br>SUITE 1100<br>ORLANDO, FL 32801 |

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

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

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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)

000000410631
02/09/06-80043-018 50.00

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | LAKESIDE ASSETS, LLC |
| STREET ADDRESS | 300 S. ORANGE AVE. SUITE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | FRANKEL, MENASHE |
| STREET ADDRESS | 300 S. ORANGE AVE. SUITE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | CUFF, SHERI M |
| STREET ADDRESS | 300 S. ORANGE AVE. SUITE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | WARD, MICHAEL M |
| STREET ADDRESS | 300 S. ORANGE AVE. SUITE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #