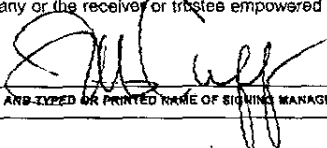


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000012319		
1. Entity Name INTERNATIONAL ASSETS ADVISORY, LLC		
Principal Place of Business 300 S. ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801		Mailing Address 300 S. ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801
DO NOT WRITE IN THIS SPACE		
		01062006 No 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		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, 2008		000000410631 02/09/06-80043-018 50.00
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		
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 # _____		