2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016428

Entity Name: AFFINITY ADVISORS, LLC

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 E KENNEDY BLVD SUITE 950 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 201 E KENNEDY BLVD SUITE 950 TAMPA, FL 33602 FEI Number: 59-3751083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNOR, MICHAEL T 407 NERIVA SPRING RD STE 351 ALTAMONTE SPRINGS, FL 32714 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete CHOATE, LINDA R Name: Name: 201 E KENNEDY BLVD #930 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRIFFIN, JUDY H Name: Name: Address: 201 E KENNEDY BLVD #950 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FILLER, HILDA W Name: Name: RT 3 BOX 419, OLD QUTMAN RD Address: Address: City-St-Zip: ADEL, GA 31620 City-St-Zip: (X) Change () Addition Title: MGRM () Delete Title: MGRM Name: IRG/COMMERCIAL, Name: CONNOR, MICHAEL T 407 WEKIVA SPRINGS RD #351 Address: Address: 407 WEKIVA SPRINGS RD #351 City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 Title: MGRM () Delete Title: () Change () Addition ALLEN, GILDA W Name: Name: RT 3 BOX 419, OLD QUTMAN Address: Address: City-St-Zip: ADEL, GA 31620 City-St-Zip: Title: () Delete Title: MGRM (X) Change () Addition IMPERATORE HERBERT &, COMPANY IMPERATORE, JACK Name: Name: Address: 2005 WASHINGTON BLVD, STE 8 Address: 2005 WASHINGTON BLVD, STE 8 SARASOTA, FL 34236 SARASOTA, FL 34236 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LINDA CHOATE MGRM 04/26/2004