

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016428

FILED
Jul 07, 2005
Secretary of State

Entity Name: AFFINITY ADVISORS, LLC

Current Principal Place of Business:

201 E KENNEDY BLVD
SUITE 950
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 E KENNEDY BLVD
SUITE 950
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3751083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNOR, MICHAEL T
407 NERIVA SPRING RD
STE 351
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CONNOR, MICHAEL T
1009 MAITLAND CENTER COMMONS BLVD
SUITE 207
MAITLAND, FL 32751 US

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:

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHOATE, LINDA R
Address: 201 E KENNEDY BLVD #930
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: GRIFFIN, JUDY H
Address: 201 E KENNEDY BLVD #950
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: FILLER, HILDA W
Address: RT 3 BOX 419, OLD QUTMAN RD
City-St-Zip: ADEL, GA 31620

Title: MGRM () Delete
Name: CONNOR, MICHAEL T
Address: 407 WEKIVA SPRINGS RD #351
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: ALLEN, GILDA W
Address: RT 3 BOX 419, OLD QUTMAN
City-St-Zip: ADEL, GA 31620

Title: MGRM () Delete
Name: IMPERATORE, JACK
Address: 2005 WASHINGTON BLVD , STE 8
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date