2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L01000016428

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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/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	(X) 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
Name:	
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 Chapter 119, 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 R. CHOATE MGRM 04/27/2006

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