

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016428

Entity Name: AFFINITY ADVISORS, LLC

FILED  
Mar 21, 2007  
Secretary of State

## Current Principal Place of Business:

201 E KENNEDY BLVD  
SUITE 950  
TAMPA, FL 33602

## Current Mailing Address:

201 E KENNEDY BLVD  
SUITE 950  
TAMPA, FL 33602

## New Principal Place of Business:

217 N WESTMONTE DRIVE  
SUITE 1007  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

217 N WESTMONTE DRIVE  
SUITE #1007  
ALTAMONTE SPRINGS, FL 32714

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

## 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:

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: MICHAEL T CONNOR

MGRM

03/21/2007

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