

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016428

Entity Name: AFFINITY ADVISORS, LLC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

217 N WESTMONTE DRIVE
SUITE 1007
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

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

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:

CONNOR, MICHAEL T
217 N. WESTMONTE DR.
SUITE 1007
ALTAMONTE SPRINGS, FL 32714 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:

02/11/2008

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: MGRM (X) Change () Addition
Name: CONNOR, MICHAEL T
Address: 217 N. WESTMONTE DR., SUITE 1007
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

I hereby certify that the information supplied with this filing does not qualify 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

02/11/2008

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