

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016428

Entity Name: AFFINITY ADVISORS, LLC

FILED
Jun 15, 2009
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:

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
217 N. WESTMONTE DR.
SUITE 1007
ALTAMONTE SPRINGS, FL 32714 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: 217 N. WESTMONTE DR., SUITE 1007
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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

06/15/2009

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