2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016577

1. Entity Name
S & P ADVISORS, L.L.C.

Principal Place of Business	Mailing Address
5900 BROKEN SOUND PARKWAY THIRD FLOOR BOCA RATON, FL 33487	5900 BROKEN SOUND PARKWAY THIRD FLOOR BOCA RATON, FL 33487

02172005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139038
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDMAN, NEIL
5900 BROKEN SOUND PARKWAY NW
THRID FLOOR
BOCA RATON, FL 33487

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SEIDMAN, NEIL
STREET ADDRESS	5900 BROKEN SOUND PKWY, THRID FLOOR
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	PREWITT, J.COLEMAN
STREET ADDRESS	5900 BROKEN SOUND PKWY, NW, THRID FLOOR
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	DIBELLO, DARIN A
STREET ADDRESS	5900 BROKEN SOUND PKWY, NW, THRID FLOOR
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/05-80015-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: J. Coleman Prewitt 2/28/05 561/624-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #