

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016577

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

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY
THIRD FLOOR
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY
THIRD FLOOR
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1139038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDMAN, NEIL
5900 BROKEN SOUND PARKWAY NW
THRID FLOOR
BOCA RATON, FL 33487 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: SEIDMAN, NEIL
Address: 5900 BROKEN SOUND PKWY, THRID FLOOR
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: PREWITT, J.COLEMAN
Address: 5900 BROKEN SOUND PKWY, NW, THRID FLOOR
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: DIBELLO, DARIN A
Address: 5900 BROKEN SOUND PKWY, NW, THRID FLOOR
City-St-Zip: BOCA RATON, FL 33487

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:

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: NEIL SEIDMAN

MGRM

01/18/2007

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