

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018219

FILED
Apr 28, 2005
Secretary of State

Entity Name: FOLEY INVESTMENT ADVISORS, LLC

Current Principal Place of Business:

2900 GLADES CIR., SUITE 200
WESTON, FL 33327

New Principal Place of Business:

4481 BAYLOR STREET
GREENSBORO, NC 27455

Current Mailing Address:

2900 GLADES CIR., SUITE 200
WESTON, FL 33327

New Mailing Address:

4481 BAYLOR STREET
GREENSBORO, NC 27455

FEI Number: 65-1147097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, JOHN I
1519 ESANCIA CIR.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

FOLEY, JOHN I
1519 ESTANCIA CIRCLE
WESTON, FL 33327 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:

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: FOLEY, JOHN J SR
Address: 569 ST GEORGE RD
City-St-Zip: DANVILLE, CA 94526

Title: MGRM () Delete
Name: FOLEY, JOHN J JR
Address: 1519 ESTANCIA CIR.
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOLEY, JOHN J SR
Address: 569 ST GEORGE RD
City-St-Zip: DANVILLE, CA 94526

Title: MGRM (X) Change () Addition
Name: FOLEY, JOHN J JR
Address: 4481 BAYLOR STREET
City-St-Zip: GREENSBORO, NC 27455

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN FOLEY

MGRM

04/28/2005

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