

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018219

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** FOLEY INVESTMENT ADVISORS, LLC

**Current Principal Place of Business:**

4707 EAGLE ROCK ROAD  
GREENSBORO, NC 27410

**New Principal Place of Business:**

**Current Mailing Address:**

4707 EAGLE ROCK ROAD  
GREENSBORO, NC 27410

**New Mailing Address:**

**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  
1101 BRICKELL AVENUE  
SUITE 1401  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

FOLEY, JOHN J JR.  
10720 WASHINGTON STREET  
APT. # 207  
PEMBROKE PINES, FL 33025 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: JOHN J. FOLEY, JR.

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) 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: 4707 EAGLE ROCK ROAD  
City-St-Zip: GREENSBORO, NC 27410

**ADDITIONS/CHANGES:**

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: JOHN J. FOLEY, JR.

MGRM

04/18/2007

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