2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L02000001368 1. Entity Name					FÚ		
SENIOR COMFORT FINANCIAL ADVISORS L.L.C.					04 JUL 30 F	PH 13: 33	
Principal Place	e of Business	Mailing Address			SEONIANY	ol Ceath	Mar
3050 KEVLYN COURT 3050 KEVLYN COURT			.0.5		TALL ANASSE	E FLORIDA	-
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695					MEGIANIST		
2. Principal Place of Business 3847/ 3. Mailing Address							
			DAKS.	Ave			
Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE	CR2E083 (11/03)	1/2
City & State		City & State		• (4. FEI Number	A	oplied For
	lwater th	TARPON SPKIN		٠ ر	30-003016		lot Applicable
3326	Country Pinellis	34689	Conntry	`د ا	5. Certificate of Status Desired	\$5.00 Ac	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOUIS PAVILICK DOUGLAS					يردانك القصيد متيا وميان المستوان والسا	سيبين سيند سينده بمهدر	
LOUIS PAVLICK, DOUGLAS 3050 KEVLYN COURT				Street Address (P.O. Box Number is Not Acceptable)			
	ETY HARBOR FL 34895 53 TROCLINS OA		- 				
1	RPON SPRINGS	KS AUE FL 34689	City		Α,	FL Zip Co	de
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							
1, the obligations of registered agent.							
SIGNATURE Signature, typod or printed named registered agent and title if eppicable. (INOTE: Registered Agent signature required when revisating) DATE							
FILE NOW!!! FEE IS \$50.00							
Make Check Payable to Florida Department of State							
Due By May 1, 2004							
9. TITLE	PRES O	. C Databa	10.		ADDITIONS	S/CHANGES Change	Addition
NAME	DOULLAS L. PAVLIC 1053 ROLLINS OAKS	AVE	NAME		1000400	745361	_
STREET ADDRESS CITY-ST-ZIP	TARPON SPRINGS		STREET ADDRESS CITY-ST-2IP		08/10/0401041	<u>~-001</u> **200	.00
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CITY-ST-ZIP	:		CITY-ST-ZIP		,	20	
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CITY:SI-ZIP	<u></u>		CITY-ST-ZIP	20 1	#150-1-1-		
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STREET ADDRESS	·		STREET ADDRESS				
CITY-ST-Z/P		155 E85	CITY-ST-ZIP	-45.0	440 07(AV) 5:	d de colonia de colonia de	
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 flability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
R () () () () () () () () () (
SAGNATURE: Darl () we Doublas L PAVLICK 4/2/04 (727) 422-2844							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daile Devictor Printed							

04-16-2004 90419 043 **** 105.00