

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001368

**FILED**  
**Mar 14, 2006**  
**Secretary of State**

**Entity Name:** SENIOR COMFORT FINANCIAL ADVISORS L.L.C.

**Current Principal Place of Business:**

28471 US 19 NORTH, SUITE 506  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

1053 ROLLING OAKS AVE.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 30-0030165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUIS PAVLICK, DOUGLAS  
1053 ROLLING OAKS AVE.  
TARPON SPRINGS, FL 34689 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: MGR ( ) Delete  
Name: PAVLICK, DOUGLAS L  
Address: 1053 ROLLING OAKS AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

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: DOUGLAS L PAVLICK

PRES

03/14/2006

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