


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015462 1. Entity Name ADVANCE BUSINESS ASSOCIATES 2 LLC	
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Principal Place of Business 6701 NORTH HIATUS ROAD TAMARAC, FL 33321	Mailing Address 6701 NORTH HIATUS ROAD TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2367544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOENIG, KEITH
6701 NORTH HIATUS ROAD
TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

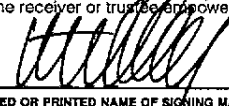
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOENIG, KEITH 6701 N HIATUS RD TAMARAC, FL 33321
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U00000025544
02/02/04-80110-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 my 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 or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 1.8.04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE