

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015890

FILED
Jan 06, 2004
Secretary of State

Entity Name: CORPORATE ASSET ADVISORS, LLC

Current Principal Place of Business:

C/O DAVID PINCHEVSKY, CPA
9728 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

551 NW 77TH STREET
201
BOCA RATON, FL 33487

Current Mailing Address:

C/O DAVID PINCHEVSKY, CPA
9728 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-0000819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAMOND, BARRY A ESQ
9728 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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/MEMBERS:

Title: MGR () Delete
Name: PRINS, EDMOND L
Address: 9728 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: KATZ, MICHAEL A
Address: 9728 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRINS, EDMOND L
Address: 551 NW 77TH STREET #201
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change () Addition
Name: KATZ, MICHAEL A
Address: 551 NW 77TH STREET
City-St-Zip: BOCA RATON, FL 33487

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: EDMOND PRINS

MGR

01/06/2004

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