2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000023825

1. Entity Name

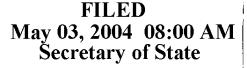
CHARITY ADVISORS-FL (CENTRAL), LLC



Principal Place of Business

2501 LAKE POINT LANE CLEARWATER, FL 33762 Mailing Address

16600 DALLAS PKWY STE 450 DALLAS, TX 75248





04222004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number			Applied For
	_03-0483156	_		Not Applicab
5	Certificate of Status Desired		\$5.0	0 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

the obligations of registered agent.

SIGNATURE.

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April 23, 2004

<u>(912) 818-8222</u>

	Signature, typed or printed name of registered agent and title if applicable	INOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004			000000147319 05/03/04~80126-009 50.00	
9.	MANAGING MEMBERS/MANAGERS		The state of the s	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM CHARITY REGIONAL MANAGERS, LLC 16600 DALLAS PKWY STE 450 DALLAS, TX 75248		e Maria de Maria de Carlos de C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITO IN THE STATE OF THE PROPERTY OF THE STATE OF THE STA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
Indicated	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the second state of the second stat	iall have the same legal effect as if made linder oath	i that I am a managing member or manager of the	

SIGNATURE: B: Hauld W. McLinny, Manager Signature and typed or printed name of skining managing member, or authorized representative

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