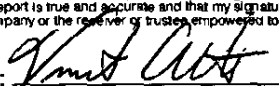


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 039 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000024884					
1. Entity Name ACDS ADVISORY, LLC					
Principal Place of Business 1948 HARRISON STREET HOLLYWOOD, FL 33020 US			Mailing Address 1948 HARRISON STREET HOLLYWOOD, FL 33020 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FFL Number 51 0426765			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ARNETTE CREELY DUNCANSON & SHEINFELD, LLP 1948 HARRISON STREET HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent's Signature Required when substituting)					
DATE _____					
FILE NO. 00017555 \$20.00 Make Check Payable to Florida Department of State P.O. Box 9000, Tallahassee, FL 32304-9000					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MANAGING PARTNER VINCENT ARNETTE 1948 HARRISON ST. HOLLYWOOD, FL 33020					
Delete ☐			Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
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Delete ☐			Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:  4/30/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR-EB083 (1/02)