

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000109

**FILED**  
**Feb 19, 2006**  
**Secretary of State**

**Entity Name:** SEXTON CAPITAL ADVISORS, LLC

**Current Principal Place of Business:**

11359 WILLOW GARDENS DR.  
WINDERMERE, FL 34786

**New Principal Place of Business:**

P.O. BOX 770457  
WINTER GARDEN, FL 34777

**Current Mailing Address:**

11359 WILLOW GARDENS DR.  
WINDERMERE, FL 34786

**New Mailing Address:**

P.O. BOX 770457  
WINTER GARDEN, FL 34777

**FEI Number:** 37-1454094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHENS, MONROE S JR.  
2545 REGAL RIVER RD  
VALRICO, FL 33594 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:** MGRM ( ) Delete  
**Name:** SEXTON, PAUL R  
**Address:** 11359 WILLOW GARDENS DR.  
**City-St-Zip:** WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SEXTON, PAUL R  
**Address:** P.O. BOX 770457  
**City-St-Zip:** WINTER GARDEN, FL 34777

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:** PAUL R. SEXTON

MGRM

02/19/2006

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