ITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017070

MB FINANCIAL ADVISORS, LLC



Principal Place of Business

713 S. ORANGE AVE. SARASOTA, FL 34236 Mailing Address

713 S. ORANGE AVE. SARASOTA, FL 34236

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90184 005 ***150.00



DATE

DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0207248

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

, Signature, typed or printed name of registered agent and little il applicable.

MERCURIO, JOHN J 713 S. ORANGE AVE. SARASOTA, FL 34236

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.	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING WEWBERS/WAYACERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCURIO, JOHN J 3972 HELENE STREET SARASOTA, FL 34233		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this report is true and accurate and that my signature shall have the same.			

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

941-953-4525

Daytime Phone #