

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028320

Entity Name: AYRES FINANCIAL ADVISORS, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1415 PANTHER LANE
SUITE 359
NAPLES, FL 34109

New Principal Place of Business:

1415 PANTHER LANE
SUITE 242
NAPLES, FL 34109

Current Mailing Address:

1415 PANTHER LANE
SUITE 359
NAPLES, FL 34109

New Mailing Address:

1415 PANTHER LANE
SUITE 242
NAPLES, FL 34109

FEI Number: 04-3768631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAVOY, BRIAN V
5551 RIDGEWOOD DRIVE
SUITE 405
NAPLES, FL 34108 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: AYRES, ROBERT B
Address: 1415 PANTHER LANE, SUITE 359
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: AYRES, NANCY P
Address: 1415 PANTHER LANE, SUITE 359
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AYRES, ROBERT B
Address: 1415 PANTHER LANE, SUITE 242
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Change () Addition
Name: AYRES, NANCY P
Address: 1415 PANTHER LANE, SUITE 242
City-St-Zip: NAPLES, FL 34109

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: ROBERT B. AYRES

MGRM

01/08/2007

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