2008 LIMITED LIABILITY COMPANY

Feb 25, 2008 8:00 am ____ ANNUAL REPORT Secretary of State DOCUMENT # L03000028320 02-25-2008 90136 028 ***138.75 AYRÉS FINANCIAL ADVISORS, LLC Principal Place of Business Mailing Address 60010447 11253 BIG CANOE 11253 BIG CANOE 1099 WOODPECKER WAY 1099 WOODPECKER WAY BIG CANOE, FL 34143 BIG CANOE, FL 34143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 04-3768631 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCAVOY, BRIAN V Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DRIVE **SUITE 405** NAPLES, FL 34108 City Zip Code FL 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 Signature, typed or printed name of registered epent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM MGRM Change Addition TITLE ☐ Delete IIILE AYRES, ROBERT B. AYRES, ROBERT B NAME NAME 1099 WOODPECKER WAY STREET ADDRESS 1415 PANTHER LANE, SUITE 242 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP BIG CANDE, GA. 30143 TITLE **MGRM** Delete TITLE MGRM Change ☐ Addition AVRES, NANCY P. 1099 WOOD PECKER WAY AYRES, NANCY P NAME 1415 PANTHER LANE, SUITE 242 STREET AODRESS STREET ADORESS NAPLES, FL 34109 CITY-ST-7IP G CANOE, GA 30143 C/TY-ST-7IP Addition Delete TITLE TETLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ritte Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 Delete TIFI F ☐ Change ☐ Addition JITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZDP

NAME STREET ADDRESS

CITY-ST-77P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED