
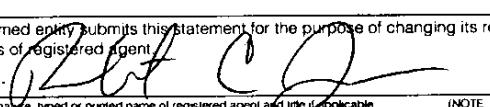
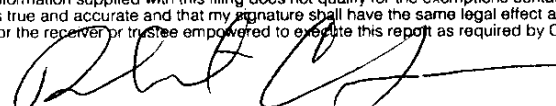


FILED  
Jan 08, 2007 8:00 am  
Secretary of State

01-08-2007 90208 043 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

20000182

<b>DOCUMENT # L03000028509</b>			
1. Entity Name FLORIDA ECONOMIC ADVISORS, LLC			
Principal Place of Business 603 KENSINGTON LAKE CIRCLE BRANDON, FL 33511 US		Mailing Address P.O. BOX 2395 VALRICO, FL 33595 US	
2. Principal Place of Business - No P.O. Box # 2517 Gotham Way Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2395 Suite, Apt. #, etc.	
City & State Valrico		City & State Valrico, FL	
Zip 33594	Country USA	Zip 33595	Country USA
4. FEI Number 20-0132211		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ROBERT C 603 KENSINGTON LAKE CIRCLE BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Robert C. Jones Street Address (P.O. Box Number is Not Acceptable) 2517 Gotham Way City Valrico FL Zip Code 33594	
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  DATE: 1/4/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ROBERT C 603 KENSINGTON LAKE CIRCLE BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ROBERT C. 2517 Gotham Way Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE: 1/4/07 (813) 833-9891 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			