


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90365 050 ****50.00

DOCUMENT # L03000031809	
1. Entity Name OPTIMAL ADVISORS, LLC	

Principal Place of Business 1611 WEST PLATT STREET TAMPA, FL 33606	Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606
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14012901

2. Principal Place of Business 502 N. ARMENIA AVE Suite, Apt. #, etc.	3. Mailing Address 502 N. ARMENIA AVE Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33609	Country USA	Zip 33609	Country USA
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04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0175427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOEHLER, KEITH W. 1611 WEST PLATT STREET TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name: KEITH W. KOEHLER Street: Koehler & Company, P.A. 502 North Armenia Avenue City: Tampa, FL 33609 Zip Code: _____	
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8. The above named entity submits this statement for the purpose of changing its registered office the obligation of registered agent. SIGNATURE:  Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE: 4/20/05
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOEHLER & COMPANY, P.A. 1611 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 4/20/05	DAYTIME PHONE #
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