2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044907

1. Entity Name
THE ADVANCED WEALTH STUDIES INSTITUTE, LLC

Principal Place of Business	Mailing Address
1605 MAIN STREET, STE. 700 SARASOTA, FL 34236	1605 MAIN STREET, STE. 700 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

03212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0451686	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAHOONE, DAVID K
1605 MAIN STREET, STE. 700
SARASOTA, FL 34236

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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 agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAHOONE, DAVID K
STREET ADDRESS	1605 MAIN STREET, STE. 700
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
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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.

SIGNATURE: _David K. Cahoone_ 3-23-05 (941) 365-4819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #