


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90126 028 \*\*\*138.75

<b>DOCUMENT # L03000044907</b>	
1. Entity Name <b>THE ADVANCED WEALTH STUDIES INSTITUTE, LLC</b>	

Principal Place of Business <b>1605 MAIN STREET, STE. 700 900 SARASOTA, FL 34236</b>	Mailing Address <b>1605 MAIN STREET, STE. 700 900 SARASOTA, FL 34236</b>
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2. Principal Place of Business - No P.O. Box # <b>1605 MAIN STREET</b>	3. Mailing Address <b>1605 MAIN STREET</b>
Suite, Apt. #, etc. <b>SUITE 900</b>	Suite, Apt. #, etc. <b>SUITE 900</b>

City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34236</b>	Country <b>USA</b>
Zip <b>34236</b>	Country <b>USA</b>

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0451686</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CAHOONE, DAVID K 1605 MAIN STREET, STE. 700 900 SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *David K. Cahoon* *David K. Cahoon* *4-7-08*  
Signature, typed or printed name of registered agent 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAHOONE, DAVID K 1605 MAIN STREET, STE. 700 900 SARASOTA, FL 34236 <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: *David K. Cahoon* *4-7-08* *941-365-4819*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*David K. Cahoon*