2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L03000047941** Jul 07, 2005 08:00 AM 1. Entity Name **Secretary of State** ADVOCACY INNOVATIONS MANAGEMENT, LLC Principal Place of Business Mailing Address 5008 MUIR WAY 5008 MUIR WAY US LITHIA, FL 33547 US LITHIA, FL 33547 CR2E083 (10/03) 07052005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 27-0073966 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC DO NOT WRITE 44 W. FLAGLER ST. IN THIS SPACE **SUITE 675** MIAMI, FL 33130 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name U000000371274 Filing Fee is \$50.00 Due by September 7, 2005 07/07/05-80010-012 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE RICHARDSON, GARY R NAME 5008 MUIR WAY STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 TITLE RICHARDSON, FADIA A NAME STREET ADDRESS 5008 MUIR WAY LITHIA, FL 33547 CITY-ST-7IP ППF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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.

7/1/05

813-655-3606