
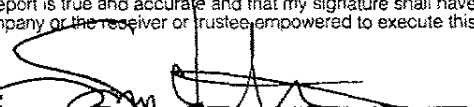


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000047941 1. Entity Name ADVOCACY INNOVATIONS MANAGEMENT, LLC					
Principal Place of Business 5008 MUIR WAY LITHIA FL 33547 US			Mailing Address 5008 MUIR WAY LITHIA FL 33547 US		
2. Principal Place of Business - No P.O. Box # _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 27-0073966			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHARDSON, GARY P 5008 MUIR WAY LITHIA FL 33547			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, GARY R		NAME	U00000773943 09/13/07-800006-014 50.00	
STREET ADDRESS	5008 MUIR WAY		STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL 33547		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, FADIA A		NAME		
STREET ADDRESS	5008 MUIR WAY		STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL 33547		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 8/17/2007 Daytime Phone #: 813 766-7336		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					