2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-18-2005 90080 034 ****50.00

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04042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000025709

1. Entity Name
PALM HARBOR ADVISORS, LLC

Principal Place of Business	Mailing Address
C/O REDGRAVE & OLIVER LLP 120 EAST PALMETTO PARK ROAD, SUITE 450 BOCA RATON, FL 33432	C/O REDGRAVE & OLIVER LLP 120 EAST PALMETTO PARK ROAD, SUITE 450 BOCA RATON, FL 33432

2. Principal Place of Business		3. Mailing Address	
120 E. Palmetto Park Rd		120 East Palmetto Park Rd.	
Suite, Apt. #, etc.: Suite 425		Suite, Apt. #, etc.: Suite 425	
City & State: Boca Raton, Florida		City & State: Boca Raton, Florida	
Zip: 33432	Country:	Zip: 33432	Country:

4. FEI Number: 68-0583027 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REDGRAVE, ARTHUR R
120 EAST PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Ron Weiner
Street Address (P.O. Box Number is Not Acceptable): 120 E. Palmetto Park Road, Suite 450
City: Boca Raton FL Zip Code: 33432

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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Company Administrator Ron Weiner 120 E. Palmetto Park Rd. Suite 425 ~~Boca Raton, FL 33432~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #