

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90092 016 \*\*\*\*50.00

**20003044**



<b>DOCUMENT # L04000051092</b> 1. Entity Name <b>FINANCIAL HEALTH ADVISOR, LLC</b>					
Principal Place of Business <b>4401 VINELAND ROAD SUITE A-3B ORLANDO, FL 32811</b>			Mailing Address <b>4401 VINELAND ROAD SUITE A-3B ORLANDO, FL 32811</b>		
2. Principal Place of Business <b>3408 CHATSWORTH LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 568096</b> Suite, Apt. #, etc.		01152005    Chg-LLC    CR2E083 (10/03)	
City & State <b>ORLANDO, FL</b> Zip    Country <b>32812</b>		City & State <b>ORLANDO, FL</b> Zip    Country <b>32856</b>		4. FEI Number <b>35-2233287</b> 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 <b>EVANS, RICHARD C 4401 VINELAND ROAD SUITE A-3B ORLANDO, FL 32811</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3408 CHATSWORTH LANE</b> City    State    Zip Code <b>ORLANDO    FL    32812</b>				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 <i>Richard C. Evans</i> DATE <b>1-15-2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EVANS, RICHARD C 3408 CHATSWORTH LANE ORLANDO, FL 32812</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: <i>Richard C. Evans</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date    Daytime Phone # <b>1-15-2005    407-7360221</b>	