

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061000

Entity Name: ADVOCACY RESOURCES LLC

FILED  
Jul 23, 2006  
Secretary of State

**Current Principal Place of Business:**

502 E. PARK AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

111 N. GADSDEN  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX1227  
TALLAHASSEE, FL 32302

**New Mailing Address:**

P.O. BOX 203  
TALLAHASSEE, FL 32302

FEI Number: 20-1503469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANGELA MOSS POOLE LLC  
118 SALEM COURT  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

LEVINE, JACK  
111 N. GADSDEN  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: JACK LEVINE

07/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVINE, JACK  
Address: 502 E. PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVINE, JACK  
Address: 111 N. GADSDEN ST.  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK LEVINE

MGRM

07/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date