

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069411

FILED
Apr 11, 2009
Secretary of State

Entity Name: PROPERTY ADVISORY NETWORK, LLC

Current Principal Place of Business:

4265 EAST 8 AVE #C
HIALEAH, FL 33013

New Principal Place of Business:

4265 EAST 8 AVENUE
STE C
HIALEAH, FL 33013

Current Mailing Address:

4265 EAST 8 AVE #C
HIALEAH, FL 33013

New Mailing Address:

4265 EAST 8 AVENUE
STE C
HIALEAH, FL 33013

FEI Number: 03-0550022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILIAN, CALIXTO
4265 EAST 8 AVE #C
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

MILIAN, CALIXTO
4265 EAST 8 AVENUE
STE C
HIALEAH, FL 33013 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: CALIXTO MILIAN

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILIAN, OLAYA
Address: 4265 EAST 8 AVE #C
City-St-Zip: HIALEAH, FL 33013

Title: MGR () Delete
Name: MILIAN, CALIXTO
Address: 4265 EAST 8 AVE #C
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILIAN, OLAYA
Address: 4265 EAST 8 AVENUE STE C
City-St-Zip: HIALEAH, FL 33013

Title: MGR (X) Change () Addition
Name: MILIAN, CALIXTO
Address: 4265 EAST 8 AVENUE STE C
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify 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: CALIXTO MILIAN

MGR

04/11/2009

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