2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076284

Address:

City-St-Zip:

Entity Name: MAY ADVISORS, LIMITED LIABILITY COMPANY

FILED Apr 30, 2005 Secretary of State

5150 NORTH TAMIAMI TRAIL, SUITE 402

NAPLES, FL 34103

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|-------------------------------------|---|---|
| 5150 NORTH TAMIAN NAPLES, FL 34103 | 1I TRAIL STE. 402 | | |
| Current Mailing Address: | | New Mailing Address: | |
| 5150 NORTH TAMIAN NAPLES, FL 34103 | 11 TRAIL STE. 402 | | |
| FEI Number: 32-0132523 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MAY, DOUGLAS E 5150 NORTH TAMIAN NAPLES, FL 34103 | | | |
| The above named enti in the State of Florida. | ty submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| MANAGING MEMBERS/MEMBERS: | | ADDITIONS/CHANGES: | |
| Title: Name: | () Delete | Title: MGRM Name: MAY, DOU | ()Change(X)Addition GLAS E |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS E. MAY MGRM 04/30/2005