


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 031 ****50.00

DOCUMENT # L04000077442	
1. Entity Name ARI ADVISORS, LLC	

Principal Place of Business P.O. BOX 212751 ROYAL PALM BEACH, FL 33421-2751	Mailing Address P.O. BOX 212751 ROYAL PALM BEACH, FL 33421-2751
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
---	--	---	--

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		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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	------	---------------------------------	-------	---

NAME	ERICKSON, CRAIG	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	-----------------	---------------------------------	------	---

STREET ADDRESS	8861 WENDY LANE SOUTH	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	-----------------------	---------------------------------	----------------	---

CITY-ST-ZIP	WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------------	---------------------------	---------------------------------	-------------	---

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	---

NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	--	---------------------------------	------	---

STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	--	---------------------------------	----------------	---

CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------------	--	---------------------------------	-------------	---

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	---

NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	--	---------------------------------	------	---

STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	--	---------------------------------	----------------	---

CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------------	--	---------------------------------	-------------	---

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	---

NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	--	---------------------------------	------	---

STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	--	---------------------------------	----------------	---

CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------------	--	---------------------------------	-------------	---

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	---

NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	--	---------------------------------	------	---

STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	--	---------------------------------	----------------	---

CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------------	--	---------------------------------	-------------	---

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	--	---------------------------------	-------	---

NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------	--	---------------------------------	------	---

STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
----------------	--	---------------------------------	----------------	---

CITY-ST-ZIP		<input type="checkbox"/> Delete	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:		2/15/05	786-252-9224
------------	---	---------	--------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #