2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# L05000082664

Entity Name: A. GEOFFREY WADE FINANCIAL SERVICES, L.L.C.

Current Principal Place of Business:

5476 NW CULVER COURT
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 880547
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 20-3385365 **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:

WADE, A. GEOFFREY
5476 NW CULVER COURT
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WADE, A. GEOFFREY
Address: 5476 NW CULVER CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: WADE, A. GEOFFREY
Address: 5476 NW CULVER CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: A. GEOFFREY WADE P 05/08/2008

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