

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000101488**

1. Entity Name  
**FAMILY TRUST ADVISORS, LLC**



Principal Place of Business  
**18402 LAKE BEND DR.  
JUPITER, FL 33458**

Mailing Address  
**18402 LAKE BEND DR.  
JUPITER, FL 33458**



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3933368</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, LAWRENCE E  
18402 LAKE BEND DRIVE  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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 *Lawrence E. Miller* **LAWRENCE E. MILLER, MGRM**

**1/22/07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>MILLER, LAWRENCE E</b>
STREET ADDRESS	<b>18402 LAKE BEND DR.</b>
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>

TITLE	<b>MGR</b>
NAME	<b>MILLER, F. ANN</b>
STREET ADDRESS	<b>18402 LAKE BEND DR.</b>
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>

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01/26/07-80076-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lawrence E. Miller* **LAWRENCE E. MILLER** 1/22/07 561-537-0106