

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108194

FILED
Apr 07, 2006
Secretary of State

Entity Name: ORGANIZATIONAL ADVISORS, LLC

Current Principal Place of Business:

4221 WEST SPRUCE STREET
UNIT 1409
TAMPA, FL 33607

New Principal Place of Business:

108 E. 96TH STREET
17D
NEW YORK, NY 10128

Current Mailing Address:

4221 WEST SPRUCE STREET
UNIT 1409
TAMPA, FL 33607

New Mailing Address:

108 E. 96TH STREET
17D
NEW YORK, NY 10128

FEI Number: 42-1690747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSON, DEADTRICK R JR.
4221 WEST SPRUCE STREET
UNIT 1409
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

EASTERLING, DAREN M
10703 SPRING MOUNTAIN PLACE
TAMPA, FL 33626 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: DAREN EASTERLING

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWSON, DEADTRICK R JR.
Address: 4221 WEST SPRUCE STREET, UNIT 1409
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: EASTERLING, DAREN M
Address: 10703 SPRING MOUNTAIN PLACE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEADTRICK NEWSON

MGR

04/07/2006

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