

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90023 043 \*\*\*\*50.00

**DOCUMENT # L05000121574**

1. Entity Name

FIRST FLORIDA ADVISORS, LLC



Principal Place of Business  
2701 N. ROCKY POINT DRIVE  
TAMPA FL 33607  
US

Mailing Address  
1722 SW 15TH AVE  
CAPE CORAL FL 33991  
US

2. Principal Place of Business  
8695 College Pkwy  
Suite, Apt. #, etc.  
#238

3. Mailing Address  
8695 College Pkwy  
Suite, Apt. #, etc.  
#238

City & State  
Fort Myers, FL  
Zip  
33919  
Country  
USA

City & State  
Fort Myers, FL  
Zip  
33919  
Country  
USA

4. FEI Number  
86-1157433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGRANOFF, STUART M  
1722 SW 15TH AVE  
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name  
Stuart M. Agranoff  
Street Address (P.O. Box Number is Not Acceptable)  
8695 College Pkwy #238  
City  
Ft. Myers FL Zip Code  
33919

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

*[Signature]*

(NOTE: Registered Agent signature required when terminating)

3/25/06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stuart Agranoff 8695 College Pkwy #238 Fort Myers, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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:

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

3/25/06

Daytime Phone #