

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

04-08-2008 90041 034 ***138.75

DOCUMENT # L06000000947			
1. Entity Name MARKETWISE ADVISORS LLC			
Principal Place of Business 830-13 A1A NORTH 264 PONTE VEDRA BEACH, FL 32082		Mailing Address 830-13 A1A NORTH 264 PONTE VEDRA BEACH, FL 32087	
2. Principal Place of Business - No P.O. Box #		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	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROWN, JORDAN 830-13 A1A NORTH #264 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied herein 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: *[Signature]* CEO

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

3/30/2008 1800859484

Date Daytime Phone #

30066034



03302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-4042593 Applied For Not Applicable

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