

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002797

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA BUSINESS ADVISORS, LLC

**Current Principal Place of Business:**

2840 WEST BAY DRIVE  
SUITE 288  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2840 WEST BAY DRIVE  
SUITE 288  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

**FEI Number:** 20-4066493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBER, DAVID R  
2840 WEST BAY DRIVE  
SUITE 288  
BELLEAIR BLUFFS, FL 33770 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  
**Name:** WEBER, DAVID R  
**Address:** 351 BARBARA CIRCLE  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** MGR  
**Name:** KEWE UNLIMITED, INC.  
**Address:** 2840 WEST BAY DRIVE #288  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

I hereby 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: DAVID R WEBER

MGR

03/15/2011

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