

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036716

FILED
May 11, 2007
Secretary of State

Entity Name: AMERICAVEST ADVISORS LLC

Current Principal Place of Business:

401 E. LAS OLAS BOULEVARD
SUITE 1400
FORT LAUDERDALE, FL 33180

New Principal Place of Business:

Current Mailing Address:

401 E. LAS OLAS BOULEVARD
SUITE 1400
FORT LAUDERDALE, FL 33180

New Mailing Address:

FEI Number: 20-4661775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAVEST CAPITAL MANAGEMENT, LLC
401 E. LAS OLAS BOULEVARD
SUITE 1400
FORT LAUDERDALE, FL 33180 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, NELSON
Address: 401 E. LAS OLAS BOULEVARD, SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33180

Title: MGRM () Delete
Name: DAMIGELLA, ROBERT
Address: 401 E. LAS OLAS BOULEVARD, SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33180

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 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: ROBERT DAMIGELLA

MGRM

05/11/2007

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