

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070498

Entity Name: VALUE ADVISORS, LLC

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

6200 COCONUT TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

515 EAST LAS OLAS BLVD.
1030
FORT LAUDERDALE, FL 33301

Current Mailing Address:

6200 COCONUT TERRACE
PLANTATION, FL 33317

New Mailing Address:

515 EAST LAS OLAS BLVD
1030
FORT LAUDERDALE, FL 33301

FEI Number: 20-5224213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCHMAN, ROBIN R
6200 COCONUT TERRACE
PLANTATION, FL 33317 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: HIRSCHMAN, DAVID K
Address: 6200 COCONUT TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Change (X) Addition
Name: SAUNDERS, DONNA
Address: 98 BURNS AVENUE
City-St-Zip: WYOMING, OH 45215

Title: T () Change (X) Addition
Name: HIRSCHMAN, ROBIN R
Address: 6200 COCONUT TERRACE
City-St-Zip: PLANTATION, FL 33317

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: ROBIN R. HIRSCHMAN

T

03/09/2007

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