2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071058

City-St-Zip:

Entity Name: COST SEGREGATION ADVISOR, LLC

FILED Mar 02, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
PO BOX 954001 LAKE MARY, FL 32746		US		3253 NIGHT BREEZE LANE LAKE MARY, FL 32746 US		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
PO BOX 9 LAKE MAF	54001 RY, FL 32746	US				
FEI Number:	:	FEI Number Applied For()	FEI Number Not App	licable (X)	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
LAKE MAF	e of Florida.	US	purpose of changing i	its register	red office or registered agent, or both	
	Electroni	c Signature of Registered Ag	ent	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () REID, JAMES L 3253 NIGHT BR LAKE MARY, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () SIMMONDS, RE 714 LANCER CI OCOEE, FL 34	RCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:		()Change(X)Addition TURES, LLC, HT BREEZE LANE	

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.

City-St-Zip: LAKE MARY, FL 32746

SIGNATURE: JAMES L REID MGRM 03/02/2007