2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

The Advisor Prince of Business State The Advisor Prince	DOCUMENT #L07000011678] '	Secretary of State				
Propigial Record Business 17-00 VIA PALERMO WINTER PARK, FL 32788-9 US 17-00 VIA PALERMO WINTER PARK, FL 32788-9 US 2. Principal Pace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. 11-00 VIA PALERMO WINTER PARK, FL 32788-9 US 2. Principal Pace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. 11-00 City & State 1-00 Country 2-0 Country 2-0 Country 2-0 Country 3-0	1. Entity Name	•				02-08-2008	9009/01/	1.38	3.73	
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8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent. SIGNATURE Signature, typical or printed name of registered agent and lafe if spokeable. (NOTE Registered Agent algranuse required when reinstating) After May 1, 2008 Fee, will be \$538.75 B. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITIE NAME SIRET ADDRESS OIT ST. 2P ITIE NAME SIRET ADDRESS OIT ST. 2P Oelete ITIE NAME SIRET ADDRESS CITY-ST. 2P OElete TITE NAME SIRET ADDRESS CITY-ST. 2P OElete TITE NAME SIRET ADDRESS CITY-ST. 2P OElete TITE NAME SIRET ADDRESS CITY-ST. 2P Addition NAME SIRET ADDRESS CITY-ST. 2P TITE NAME SIRET ADDRESS CITY-ST. 2P Addition NAME SIRET ADDRESS CITY-ST. 2P TITE NAME SIRET ADDRESS CITY-ST. 2P Change Addition NAME SIRET ADDRESS CITY-ST. 2P Change Addition NAME SIRET ADDRESS CITY-ST. 2P SIRET ADDRESS C	WINTER PARK EL 32780									
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11. I hereby certify that the information supplied with this filing 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.	CITY-ST-ZIP.									