

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000224

FILED
Jul 27, 2005
Secretary of State

Entity Name: FRIEDLANDER ADVISORY SERVICES, L.C.

Current Principal Place of Business:

255 CAPRI CIRCLE
33
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

P.O. BOX 16024
CLEARWATER, FL 33766

Current Mailing Address:

255 CAPRI CIRCLE
33
SAINT PETERSBURG, FL 33706

New Mailing Address:

P.O. BOX 16024
CLEARWATER, FL 33766

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

FRIEDLANDER, PHILIP
255 CAPRI CIRCLE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

FRIEDLANDER, PHILIP
2438 ENTERPRISE RD
CLEARWATER, FL 33763 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: _____

07/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRIEDLANDER, ALICIA
Address: 255 CAPRI CIRCLE 33
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: FRIEDLANDER, PHILIP
Address: 255 CAPRI CIRCLE 33
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMAS, TAMMY
Address: P.O. BOX 14821
City-St-Zip: CLEARWATER, FL 33766

Title: MGRM (X) Change () Addition
Name: FRIEDLANDER, PHILIP
Address: P.O. BOX 16024
City-St-Zip: CLEARWATER, FL 33766

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMMY THOMAS

MM

07/27/2005

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