

# 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