

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000224

FILED  
May 24, 2007  
Secretary of State

**Entity Name:** FRIEDLANDER ADVISORY SERVICES, L.C.

**Current Principal Place of Business:**

P.O. BOX 16024  
CLEARWATER, FL 33766

**New Principal Place of Business:**

2438 ENTERPRISE RD  
CLEARWATER, FL 33766

**Current Mailing Address:**

P.O. BOX 16024  
CLEARWATER, FL 33766

**New Mailing Address:**

**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:**

**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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, TAMMY  
Address: 2438 ENTERPRISE RD  
City-St-Zip: CLEARWATER, FL 33766

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TAMMY L THOMAS

MS

05/24/2007

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