

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001121

Entity Name: P.F.S. ADVISORS, L.C.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

560 VILLAGE BLVD.  
SUITE 365  
WEST PALM BEACH, FL 33409 US

## New Principal Place of Business:

## Current Mailing Address:

560 VILLAGE BLVD.  
SUITE 365  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

FEI Number: 65-0786404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORLEY, CHRISTINA L  
560 VILLAGE BLVD.  
SUITE 365  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

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: DIVINE, BLALOCK, MAR, TIN, SELLARI, P. A.  
Address: 560 VILLAGE BLVD., SUITE 365  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM ( ) Delete  
Name: SELLARI, GARY B  
Address: 560 VILLAGE BLVD., SUITE 365  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM ( ) Delete  
Name: WORLEY, CHRISTINA L  
Address: 560 VILLAGE BLVD., SUITE 365  
City-St-Zip: WEST PALM BEACH, FL 33409 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PFS ADVISORS, LC,  
Address: 560 VILLAGE BLVD., SUITE 365  
City-St-Zip: WEST PALM BEACH, FL 33409 US

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

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

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.

SIGNATURE: CHRISTINA WORLEY

MGRM

01/04/2007

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