2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000000530

1. Entity Name
AHEARN JASCO FINANCIAL ADVISORS, LLC

Principal Place of Business	Mailing Address
190 S.E. 19 AVENUE POMPANO BEACH, FL 33060	190 S.E. 19 AVENUE POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

01302004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0893115	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AHEARN, THOMAS F
190 S.E. 19 AVENUE
POMPANO BEACH, FL 33060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000042657
02/10/04-80033-004 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AHEARN, THOMAS F
STREET ADDRESS	190 S.E. 19 AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *2/3/04*   *954-781-8800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #