


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000530

1. Entity Name
AHEARN JASCO FINANCIAL ADVISORS, LLC



Principal Place of Business 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060	Mailing Address 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



03212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0893115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AHEARN, THOMAS F 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060
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03/24/05-80048-020 50.00

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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:  MGR P.M. 3/24/05 954-781-8800

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