2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000530

1. Entity Name

AHEARN JASCO FINANCIAL ADVISORS, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90040 008 ****50.00

190 S.E. 19 AVENUE POMPANO BEACH FL 3000 2. Principal Places of Business Suite, Apt 4, etc. City & State 4. FE Number 65-0893115 National Foreign and Places F	Principal Plac	ce of Business	Mailing Address	Mailing Address						
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Country Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
AHEARN, THOMAS F 190 S.E. 19 AVENUE POMPANO BEACH FL 33080 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 tamiliar with, and accept the obligations of registered agent. 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 tamiliar with, and accept the obligations of registered agent. 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 tamiliar with, and accept the obligations of registered agent. 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 tamiliar with, and accept the obligations of registered agent. 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 tamiliar with, and accept the obligations of registered agent. 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 tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I a	City & State		City & State	City & State		4. FEI Num	ber 65-0893115			
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Make Check Payable to Florida Department of State Due by May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE NAME NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS SI	SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signatu	re required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
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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 receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE