


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008300</b> 1. Entity Name <b>RAND FINANCIAL ADVISORS, LLC</b>	
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Principal Place of Business <b>800 HARBOUR DRIVE NAPLES, FL 34103</b>	Mailing Address <b>3728 KENT DRIVE NAPLES, FL 34112-3740</b>
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**DO NOT WRITE IN THIS SPACE**



04132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3611361</b>	Applied For <input type="checkbox"/> Not Applicable
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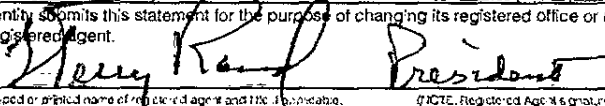
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RAND, L. TERRY  
3728 KENT DR.  
NAPLES, FL 34112**

**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:  **President**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-qualifying)

DATE: **4-14-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

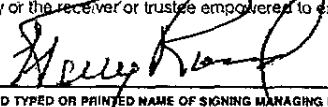
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM RAND, L. TERRY 3728 KENT DR. NAPLES, FL 34112</b>
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**04/18/05-80003-013 50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-14-05 239-2610335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_