

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001142

FILED
Apr 28, 2004
Secretary of State

Entity Name: FINANCIAL ADVISORS NETWORK, LLC

Current Principal Place of Business:

3261 US HWY 441/27 NORTH
STE. 235
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

3261 US HWY 441/27 NORTH
STE. 235
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 59-3723678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHOFF, DUANE CPA
3409 WEST FLETCHER AVENUE
TAMPA, FL 33618 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/MEMBERS:

Title: MGRM () Delete
Name: ROY-HAEGER, AMY
Address: 3261 US HWY 441/27 NORTH
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRM () Delete
Name: ZEBROWSKI, DANIEL
Address: 3261 US HWY 441/27 NORTH
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROY-HAEGER, AMY
Address: 3261 US HWY 441/27 NORTH
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGR (X) Change () Addition
Name: ZEBROWSKI, DANIEL
Address: 3261 US HWY 441/27 NORTH
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL C. ZEBROWSKI

MGR

04/28/2004

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