

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001142

FILED
Apr 16, 2005
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:

614 EAST HIGHWAY 50
112
CLERMONT, FL 34711

FEI Number: 59-3723678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

DUANE B. BISHOFF, CPA, PA
3409 WEST FLETCHER AVENUE
TAMPA, FL 33618 US

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: DUANE B. BISHOFF, CPA, PA

04/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMY ROY-HAEGER, MANAGER, CEO

MGR

04/16/2005

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