


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002022</b> 1. Entity Name PFM DADE ADVISORS, LLC	
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Principal Place of Business TWO LOGAN SQUARE #1600, 18TH & ARCH ST PHILADELPHIA, PA 19103-2770	Mailing Address TWO LOGAN SQUARE #1600, 18TH & ARCH ST PHILADELPHIA, PA 19103-2770
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03122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2313372	Applied For 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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000089678  
03/15/04-80101-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTEO, BRETT TWO LOGAN SQUARE #1600, 18TH & ARCH ST PHILADELPHIA, PA 191032770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYLE, STEVE TWO LOGAN SQUARE #1600, 18TH & ARCH ST PHILADELPHIA, PA 191032770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISHER, LAVON TWO LOGAN SQUARE #1600, 18TH & ARCH ST PHILADELPHIA, PA 191032770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASVIDAL, RAUL 201 ALHAMBRA CIR #1401 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFARLANE, CHRIS 35 NE 40TH ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

3/12/04  
Date

215-567-6100  
Daytime Phone #