

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT# M02000002022	
1. Entity Name PFM DADE ADVISORS, LLC	
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



02172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2313372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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: **2/17/05** **215-567-6166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #