

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90215 023 ****55.00

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01042006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M03000001562					
1. Entity Name WEALTH ADVISORY GROUP LLC					
Principal Place of Business 888 SEVENTH AVENUE, SUITE 301 NEW YORK, NY 10106			Mailing Address 888 SEVENTH AVENUE, SUITE 301 NEW YORK, NY 10106		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4146392	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELIAS, JERALD 4880 NORTH CITATION DR., #101 DELRAY BEACH, FL 33445				Name <u>Elias, Jerald</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>9164 Rutledge Avenue</u>	
				City <u>Boca Raton</u>	Zip Code <u>FL 33434</u>
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 <u>Jerald Elias</u>				DATE <u>03-10-2006</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS, HOWARD J 888 SEVENTH AVE., SUITE 301 NEW YORK, NY 10106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Howard Elias</u>				Date <u>03-20-2006</u> Daytime Phone # <u>212-261-1810</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					