

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90046 027 \*\*\*143.75

60001392



01092008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M03000001562</b> 1. Entity Name <b>WEALTH ADVISORY GROUP LLC</b>					
Principal Place of Business <b>888 SEVENTH AVENUE, SUITE 301 NEW YORK, NY 10106</b>			Mailing Address <b>888 SEVENTH AVENUE, SUITE 301 NEW YORK, NY 10106</b>		
2. Principal Place of Business - No P.O. Box # <b>355 Lexington Avenue</b> Suite, Apt. #, etc. <b>9th floor</b>		3. Mailing Address <b>355 Lexington Avenue</b> Suite, Apt. #, etc. <b>9th floor</b>		4. FEI Number <b>13-4146392</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>			
Zip <b>10017</b>		Zip <b>10017</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ELIAS, JERALD 7156 TWIN FALLS DRIVE BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ELIAS, HOWARD J 888 SEVENTH AVE., SUITE 301 NEW YORK, NY 10106</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>355 Lexington Avenue, 9th floor New York, NY 10017</b> <input checked="" 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
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
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.					
<b>SIGNATURE:</b>				<b>Jan 8, 2008</b> <b>212-264-810</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					