



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/30/2005
Business ID: 326900
William M. Gardner
Secretary of State

JSI CAPITAL ADVISORS, LLC

6315 SEABROOK RD
SEABROOK, MD 20706

ADDRESS OF PRINCIPAL OFFICE:

6315 SEABROOK RD
SEABROOK, MD 20706

REGISTERED AGENT AND OFFICE:

WILLIAM E KING
66 HANOVER ST
MANCHESTER, NH 03103

ENTITY TYPE: LLC
BUSINESS ID: 326900
STATE OF DOMICILE: MARYLAND
FEDERAL ID: 522205102

PROVIDING SPECIALIZED INVESTMENT BANKING VALUATION &
INFORMATION SERVICES, ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 7852 WALKER DRIVE, SUITE 200, GREENBELT, MD 20770

The new principal office address 7852 WALKER DRIVE, SUITE 200, GREENBELT, MD 20770

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. WILLIAM E KING
STREET 66 HANOVER ST, SUITE 201
CITY/STATE/ZIP MANCHESTER NH 03101

MANA. LEO STAURULAKIS
STREET 7852 WALKER DR, SUITE 200
CITY/STATE/ZIP GREENBELT MD 20770

MANA. EMMANUEL STAURULAKIS
STREET 7852 WALKER DR, SUITE 200
CITY/STATE/ZIP GREENBELT MD 20770

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. WILLIAM E KING
STREET 66 HANOVER ST, SUITE 201
CITY/STATE/ZIP MANCHESTER NH 03101

MEMB. LEO STAURULAKIS
STREET 7852 WALKER DR, SUITE 200
CITY/STATE/ZIP GREENBELT MD 20770

MEMB. EMMANUEL STAURULAKIS
STREET 7852 WALKER DR, SUITE 200
CITY/STATE/ZIP GREENBELT MD 20770

MEMB. JOHN STAURULAKIS
STREET 4165 BOCAIRE BLVD
CITY/STATE/ZIP BOCA RATON FL 33487

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: FRANK WHETSELL

Please print name and title of signer: FRANK WHETSELL / AUTHORIZED PARTY

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529