



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. ID No. 000126572

2. Exact Name of the Limited Liability Company ADVISED ASSETS GROUP, LLC

3. State of Formation

State: CO

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INVESTMENT ADVICE

5. Principal Office Address

No. and Street: 8515 EAST ORCHARD ROAD

City or Town: GREENWOOD VILLAGE State: CO Zip: 80111 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 8515 EAST ORCHARD ROAD

City or Town: GREENWOOD VILLAGE State: CO Zip: 80111 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DENNIS LOW	26801 PERSEVERANCE TRAIL GOLDEN, CO 80402 USA
MANAGER	DAVID MCLEOD	8515 E ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	GEORGE WEBB	14507 E CALEY AVE AURORA, CO 80016 USA
MANAGER	CHARLES NELSON	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	GREGORY SELLER	18111 VON KARMEN AVE #560 IRVINE, CA 92612 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of September, 2009 at 11:35:38 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BEVERLY A. BYRNE
Signature of Authorized Person

Form No. 632
Revised 09/07

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