2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015215

1. Entity Name
SEER ANALYTICS, LLC

Principal Place of Business	Mailing Address
518 N. TAMPA STREET, STE 250 TAMPA, FL 33602	2506 EDGEWOOD RD. TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3685869

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAZARUS, WILLIAM
2506 EDGEWOOD ROAD
TAMPA, FL 33609

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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 _____ DATE
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAZARUS, WILLIAM
STREET ADDRESS	518 N. TAMPA ST., STE 250
CITY-ST-ZIP	TAMPA, FL
TITLE	MGR
NAME	SHAPIRO, JOAN
STREET ADDRESS	5614 S DORCHESTER
CITY-ST-ZIP	CHICAGO, IL
TITLE	MGR
NAME	PRESSNER, ROBERT
STREET ADDRESS	13601 TWIN LAKES LANE
CITY-ST-ZIP	TAMPA, FL
TITLE	MGRM
NAME	CONNOLLY, MIDGE
STREET ADDRESS	14107 KNOTTINGSLEY ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	MGRM
NAME	LAZARUS, IRIS
STREET ADDRESS	2506 EDGEWOOD ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80098-003 50.00

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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: WILLIAM LAZARUS 1/27/04 813-318-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #