

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020292

FILED  
Jul 27, 2004  
Secretary of State

**Entity Name:** LIFE WORKS INVESTMENT & CONSULTING, LLC

**Current Principal Place of Business:**

1526 3RD AVE. W.  
BRADENTON, FL 34205 FL

**New Principal Place of Business:**

1523 1ST AVE. W.  
BRADENTON, FL 34205 FL

**Current Mailing Address:**

1526 3RD AVE. W.  
BRADENTON, FL 34205 FL

**New Mailing Address:**

1523 1ST AVE. W.  
BRADENTON, FL 34205 FL

FEI Number: 80-0115719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIESER, MICHAEL J  
1526 3RD AVE. W.  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

FIESER, MICHAEL J  
1523 1ST AVE. W.  
BRADENTON, FL 34205 US

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.

SIGNATURE:

07/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FIESER, MICHAEL J MGR  
Address: 1523 1ST AVE. W  
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Change (X) Addition  
Name: FIESER, BONITA M MGRM  
Address: 1523 1ST AVE. W  
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL J FIESER

MGR

07/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date