


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

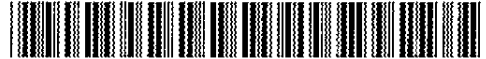
FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019780
 1. Entity Name
 SEIFERT, MILLER & SLUSHER, LLC



Principal Place of Business Mailing Address
 401 WEST COLONIAL DRIVE, SUITE 6 401 WEST COLONIAL DRIVE, SUITE 6
 ORLANDO, FL 32802 ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE



02252004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3755222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 SEIFERT, SCOTT P
 401 WEST COLONIAL DRIVE, SUITE 6
 ORLANDO, FL 32802

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2004

1100000091175
 03/17/04-80049-007 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SEIFERT, SCOTT P 401 WEST COLONIAL DRIVE, SUITE 6 ORLANDO, FL 32802 |
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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:  MANAGER 3/15/04 (407) 423 0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Scott Seifert