

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004638

FILED
Apr 30, 2005
Secretary of State

Entity Name: ZELLER & ASSOCIATES, LLC

Current Principal Place of Business:

222 LAKEVIEW AVENUE
SUITE 260
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

222 LAKEVIEW AVENUE
SUITE 260
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401 US

New Mailing Address:

525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401 US

FEI Number: 65-1155846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLER, RONALD J ESQ
222 LAKEVIEW AVENUE
SUITE 260
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ZELLER, RONALD J ESQ.
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401 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: RONALD J. ZELLER, ESQ.

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ZELLER, RONALD J
Address: 222 LAKEVIEW AVENUE, SUITE 260
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZELLER, RONALD J
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: RONALD J. ZELLER

MGR

04/30/2005

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