


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015060 1. Entity Name ERNEST F. FALCO & ASSOCIATES, L.L.C.	
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Principal Place of Business 350 CROWN OAK CENTRE DR LONGWOOD, FL 32750	Mailing Address 350 CROWN OAK CENTRE DR LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3689583	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 FALCO, ERNEST F JR 350 CROWN OAK CENTRE DR LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCO, ERNEST F JR 350 CROWN OAK CENTRE DR LONGWOOD, FL 32750
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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)(f), 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: Ernest F. Falco Jr 8/27/04 402-339-2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #