2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005137

City-St-Zip:

PITTSGROVE, NJ 08318

FILED Jan 07, 2004 Secretary of State

Entity Name: WOODARD & ASSOCIATES, LLC **New Principal Place of Business: Current Principal Place of Business:** 1117 LUCERNE AVE CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** 1117 LUCERNE AVE CAPE CORAL, FL 33904 FEI Number: 01-0629890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAHER, ROBERT T 1601 JACKSON STREET, SUITE 201 FORT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition WOODARD, CATHERINE M Name: Name: Address: 1117 LUCERNE AVE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WOODARD, RICHARD R Name: Address: 1117 LUCERNE AVE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BERNARDINI, FRED Name: Name: 66 ENGLISH ROAD Address: Address:

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.

City-St-Zip:

SIGNATURE: RICHARD R. WOODARD MGRM 01/07/2004