

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013184

Entity Name: SLC ASSOCIATES, LLC

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

8441 COOPER CREEK BLVD  
UNIVERSITY DRIVE, FL 34201

## New Principal Place of Business:

8441 COOPER CREEK BLVD  
UNIVERSITY PARK, FL 34201

## Current Mailing Address:

8441 COOPER CREEK BLVD  
UNIVERSITY DRIVE, FL 34201

## New Mailing Address:

8441 COOPER CREEK BLVD  
UNIVERSITY PARK, FL 34201

FEI Number: 02-0613428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAYTON, ALICIA H ESQ.  
8441 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: BALDAUF, DAVID H  
Address: 8441 COOPER CREEK BLVD  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: MGR ( ) Delete  
Name: VICTORIA ESTES, LTD,  
Address: 8441 COOPER CREEK BLVD  
City-St-Zip: UNIVERSITY PARK, FL 34201

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID H. BALDAUF

MGR

04/27/2005

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