

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029213**

1. Entity Name

RICHARDSON & ASSOCIATES, LLC



Principal Place of Business

5121 EHRLICH ROAD, SUITE 103-A  
TAMPA, FL 33624

Mailing Address

5121 EHRLICH ROAD, SUITE 103-A  
TAMPA, FL 33624



04262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

55-0805319

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, DONALD R PH.D.  
5121 EHRLICH ROAD, SUITE 103-A  
TAMPA, FL 33624

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000346753  
04/30/05-80088-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

RICHARDSON, DONALD R PH.D.

5121 EHRLICH ROAD, SUITE 103-A

TAMPA, FL 33624

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

RICHARDSON, DOROTHY

7301 SUMBERBRIDGE DR

TAMPA, FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #