


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000006587 1. Entity Name THE LAW OFFICE OF JENNIFER SLOANE, P.L.C.	
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Principal Place of Business 425 WEST NEW ENGLAND AVE SUITE 320 WINTER PARK, FL 32789	Mailing Address 425 WEST NEW ENGLAND AVE SUITE 320 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0777046	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

SLOANE, JENNIFER L ESQ.
170 WEST FAIRBANKS AVE. SUITE 103
WINTER PARK, FL 32789

**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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

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

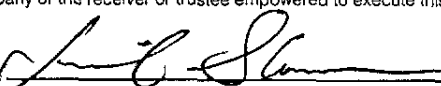
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SLOANE, JENNIFER L PRES 170 W. FAIRBANKS AVE., SUITE 103 WINTER PARK, FL 32789
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01/07/05-80023-011 50.00

**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:  1/3/05 407-589-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #