


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2004 8:00 am**  
**Secretary of State**

8/2/

08-02-2004 90117 040 \*\*\*\*50.00

<b>DOCUMENT # L03000019034</b>	
<b>1. Entity Name</b> LLM & ASSOC., LLC	

<b>Principal Place of Business</b> 776 RIVERSIDE DRIVE ORMOND BEACH FL 32176	<b>Mailing Address</b> 776 RIVERSIDE DRIVE ORMOND BEACH FL 32176
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MOORE CR2E083 (4/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 86-1083864	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> LOUCKS, WILLIAM E 444 SEABREEZE BLVD. - SUITE 900 DAYTONA BEACH FL 32118
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<b>7. Name and Address of New Registered Agent</b>	
Name <u>NORMAN B. SELTZER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>614 N. Peninsula Dr.</u>	
City <u>Daytona Beach</u>	FL Zip Code <u>32118</u>

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 W. Aultz DATE 28 Jul 04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input type="checkbox"/> Delete <u>Lindsey A. SELTZER</u> <u>776 Riverside Dr.</u> <u>Ormond Beach, Fla. 32176</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input type="checkbox"/> Delete <u>Lauryn E. SELTZER</u> <u>776 Riverside Dr.</u> <u>Ormond Beach, Fla. 32176</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input type="checkbox"/> Delete <u>Matthew M. SELTZER</u> <u>776 Riverside Dr.</u> <u>Ormond Beach, Fla. 32176</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. Aultz DATE 28 Jul 04 (386) 257-2602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE