2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000023132

Entity Name: HUFFMAN AND ASSOCIATES LLC

Current Principal Place of Business:

505 NE 22ND AVE. #45
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

505 NE 22ND AVE. #45
OCALA, FL 34470

New Mailing Address:

FEI Number: 06-1713821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUFFMAN, FRANK
505 NE 22ND AVE. #45
OCALA, FL 34470

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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HUFFMAN, ROBERT F
Address: 505 NE 22ND AVE #45
City-St-Zip: OCALA, FL 34470

Title: MGRM ( ) Change (X) Addition
Name: HUFFMAN, JEANNE M
Address: 170 SEAVIEW DRIVE
City-St-Zip: SAN RAFAEL, CA 94901

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: ROBERT F. HUFFMAN MGRM 04/29/2004

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