


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000006097</b> 1. Entity Name ZELSMAN & ASSOCIATES, L.L.C.	
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Principal Place of Business 329 NEBRASKA AVE. LONGWOOD, FL 32750-6730	Mailing Address 329 NEBRASKA AVE. LONGWOOD, FL 32750-6730
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01172006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3129311	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

ZELSMAN, JACK L  
329 NEBRASKA AVE.  
LONGWOOD, FL 32750-6730

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZELSMAN, JACK L 329 NEBRASKA AVE. LONGWOOD, FL 327506730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZELSMAN, PATRICIA A 329 NEBRASKA AVE. LONGWOOD, FL 327506730
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01/24/06-80012-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  Jack L. Zelsman 1-17-06 407-702-7545

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