


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006097		
1. Entity Name ZELSMAN & ASSOCIATES, L.L.C.		
Principal Place of Business 329 NEBRASKA AVE. LONGWOOD, FL 32750-6730	Mailing Address 329 NEBRASKA AVE. LONGWOOD, FL 32750-6730	

**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**



06052008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3129311	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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06/11/08-80004-008 143.75

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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:**       **6/5/08**      **607-702-7545**

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