


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)

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

8. Name and Address of Current Registered Agent

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

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

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:  Date: 6/5/08 Daytime Phone #: 607-702-7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE