

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061255

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** QUALIFIED PLAN CONSULTANTS, LLC

**Current Principal Place of Business:**

P.O. BOX 915656  
LONGWOOD, FL 327915656

**New Principal Place of Business:**

P.O. BOX 915656  
LONGWOOD, FL 32791 US

**Current Mailing Address:**

P.O. BOX 915656  
LONGWOOD, FL 327915656

**New Mailing Address:**

P.O. BOX 915656  
LONGWOOD, FL 32791 US

**FEI Number:** 26-0094109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTRASTATE REGISTERED AGENT CORPORATION  
200 S. ORANGE AVENUE, SUITE 2600  
ORLANDO, FL 32801 US

**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: MGR ( ) Delete  
Name: WEISS, TERRY M  
Address: P.O. BOX 915656  
City-St-Zip: LONGWOOD, FL 327915656

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEISS, TERRY M  
Address: P.O. BOX 915656  
City-St-Zip: LONGWOOD, FL 32791 US

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:** TERRY M. WEISS

MGRM

01/13/2005

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