


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003874**

1. Entity Name  
**DANIEL SECKLER, CONSULTANT PHARMACIST, LLC**



Principal Place of Business <b>2439 ROLLING OAKS DR.          PALM HARBOR, FL 34683</b>	Mailing Address <b>2439 ROLLING OAKS DR.          PALM HARBOR, FL 34683</b>
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0560399</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SECKLER, DANIEL A  
 2439 ROLLING OAKS DR.  
 PALM HARBOR, FL 34683**

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SECKLER, DANIEL A 2439 ROLLING OAKS DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SECKLER, DOROTHY J 2439 ROLLING OAKS DR PALM HARBOR, FL 34683
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 01/20/04-80077-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *X Daniel A Seckler* 1/16/04

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