

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001779

1. Entity Name
MCCLURE INFORMATION / MANAGEMENT CONSULTANT SERVICES, LLC



Principal Place of Business
**7698 MCCLURE DRIVE
 TALLAHASSEE, FL 32312**

Mailing Address
**7698 MCCLURE DRIVE
 TALLAHASSEE, FL 32312**

DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3635357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**MCCLURE, CHARLES R
 7698 MCCLURE DRIVE
 TALLAHASSEE, FL 32312**

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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: Charles R. McClure DATE: Jan 6 '04

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, CHARLES R → CHARLES 7698 MCCLURE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/04-80045-001 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: Charles R. McClure Date: Jan 6 '04 Daytime Phone #: 850-907-5710

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