


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

**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: Charles R. McClure Jan 6 '04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**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
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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)(i), 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 Jan 6 '04 850-907-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #