2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L01000006955

Entity Name: CARDWELL C. NUCKOLS & ASSOCIATES, LLC

Current Principal Place of Business:

5255 PINEVIEW WAY
APOPKA, FL 32703

New Principal Place of Business:

135 PARSONS ROAD
LONGWOOD, FL 32779

Current Mailing Address:

5255 PINEVIEW WAY
APOPKA, FL 32703

New Mailing Address:

135 PARSONS ROAD
LONGWOOD, FL 32779

FEI Number: 81-0547438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, JANIS N
104500 OVERSEAS HIGHWAY UNIT C-402
KEY LARGO, FL 33036 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: NUCKOLS, CARDWELL C PRES
Address: 5255 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703 US

Title: MGR ( ) Delete
Name: NUCKOLS, SUSAN M SEC/TRE
Address: 5255 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NUCKOLS, CARDWELL C PRES
Address: 135 PARSONS ROAD
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR (X) Change ( ) Addition
Name: NUCKOLS, SUSAN M SEC/TRE
Address: 135 PARSONS ROAD
City-St-Zip: LONGWOOD, FL 32779 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: CARDWELL C NUCKOLS PRES 01/10/2005

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