


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000000464 1. Entity Name MCDIRMIT DAVIS PUCKETT & COMPANY, LLC	
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Principal Place of Business 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801	Mailing Address 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801
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01082004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0004117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, CHARLES W
 605 E ROBINSON STREET, STE. 635
 ORLANDO, FL 32801

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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 _____ 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 MCDIRMIT, ELDEN G 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUCKETT, CHARLES W 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, EUGENE R 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
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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: Elden G. McDirmit Date: 1/8/04

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