

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90107 044 \*\*\*\*55.00

DOCUMENT # L02000005625

1. Entity Name  
MCDANIEL SITE DEVELOPMENT, LLC



Principal Place of Business  
4510 KOGER STREET  
ORLANDO, FL 32812

Mailing Address  
4510 KOGER STREET  
ORLANDO, FL 32812

24009807

2. Principal Place of Business  
1601 Camerbur Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
same  
Suite, Apt. #, etc.

02042004 Chg-LLC CR2E083 (10/03)

City & State  
Orlando FL  
Zip  
32805  
Country  
USA

City & State  
City  
Zip  
Country

4. FEI Number  
04-3620888  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required.

## 6. Name and Address of Current Registered Agent

MCDANIEL, RUSSELL E  
1227 28TH STREET  
ORLANDO, FL 32805

## 7. Name and Address of New Registered Agent

Name  
Russell E. McDaniel  
Street Address (P.O. Box Number is Not Acceptable)  
1601 Camerbur Dr.  
City  
Orlando FL Zip Code  
32805

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 Russell E. McDaniel, Pres./Owner DATE 2-6-2004  
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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
MCDANIEL, RUSSELL E  
STREET ADDRESS  
4510 KOGER STREET  
CITY-ST-ZIP  
ORLANDO, FL 328125 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Russell E. McDaniel Pres./Owner DATE 2-6-2004 DAYTIME PHONE # 4078393335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE