2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012054

1. Entity Name
THE FLORIDA CONSULTING GROUP, LLC

Principal Place of Business	Mailing Address
10 SOUTH 7TH STREET FERNANDICA BEACH, FL 32034	10 SOUTH 7TH STREET FERNANDICA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0443187

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, RUSSELL PHD
4602 CARLTON DUNES DRIVE
UNIT 5
AMELIA ISLAND, FL 32034

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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 _____ 1-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	RIDLEY, RUSSELL
STREET ADDRESS	4602 CARLTON DRIVE, UNIT #5
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	MGRM
NAME	SCHUURMAN RIDLEY, JAN
STREET ADDRESS	4602 CARLTON DRIVE, UNIT #5
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/13/04-80031-019 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)(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: _____ 1-8-04 904-321-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #