

**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	
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Principal Place of Business 10 SOUTH 7TH STREET FERNANDICA BEACH, FL 32034	Mailing Address 10 SOUTH 7TH STREET FERNANDICA BEACH, FL 32034
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01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

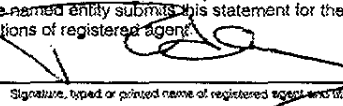
4. FEI Number 03-0443187	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RIDLEY, RUSSELL PHD 4602 CARLTON DUNES DRIVE UNIT 5 AMELIA ISLAND, FL 32034

**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  **1-8-04**
Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDLEY, RUSSELL 4602 CARLTON DRIVE, UNIT #5 AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUURMAN RIDLEY, JAN 4602 CARLTON DRIVE, UNIT #5 AMELIA ISLAND, FL 32034
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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 #