

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90030 024 \*\*\*\*50.00

**DOCUMENT # L02000017877**

1. Entity Name  
**NIMBUS FIDELITY TRUST, LLC**



**Principal Place of Business**

2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

**Mailing Address**

2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

44039977



**DO NOT WRITE IN THIS SPACE**

03292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**51-0418793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RUKIN, ROGER  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

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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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JAMES B. RUKIN REVOCABLE TRUST  
2328 10TH AVE. NORTH, SUITE 403  
LAKE WORTH, FL 334066606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JULIA R. RUKIN REVOCABLE TRUST  
2328 10TH AVE. NORTH, SUITE 403  
LAKE WORTH, FL 334066606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUKIN, ROGER B  
2328 10TH AVE. NORTH, SUITE 403  
LAKE WORTH, FL 334066606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #