

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**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**



04062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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, 2005**

**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
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04/18/05-00144-011 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

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

**4/14/05**

Date

**561 586-0100**

Daytime Phone #