

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 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**



04102006 No Chg-LLC

CR2E083 (11/05)

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

5. 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000519623
05/02/06-80062-004 50.00**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/15/06