

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009012

**FILED**  
**Apr 19, 2004**  
**Secretary of State**

**Entity Name:** TRUST CONSULTING & VENTURES LLC

**Current Principal Place of Business:**

1810 NW 23RD BLVD., APT. 146  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1810 NW 23RD BLVD., APT. 146  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 56-2326937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCATARU, EMILIAN  
1810 NW 23RD BLVD., APT. 146  
GAINESVILLE, FL 32605

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BUCATARU, EMILIAN  
Address: 1810 NW 23RD BLVD. #103  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BUCATARU, EMILIAN  
Address: 1810 NW 23RD BLVD. #146  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EMILIAN BUCATARU

MGRM

04/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date