

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000017242 1. Entity Name MANAGEMENT RECRUITERS OF WEST PASCO, LLC	
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Principal Place of Business 6014 U.S. HIGHWAY 19 SUITE 502 NEW PORT RICHEY, FL 34652 US	Mailing Address 6014 U.S. HIGHWAY 19 SUITE 502 NEW PORT RICHEY, FL 34652 US
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**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0691741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, STEVEN P ESQ.  
 4805 W. LAUREL STREET  
 SUITE 230  
 TAMPA, FL 33607

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSICK, RONDA 6014 US HIGHWAY 19, SUITE 502 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000327387  
 04/25/05-80035-014 50.00

**DO NOT WRITE 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: Ronda Russick MANAGING PARTNER Date: 4/20/05 Daytime Phone #: 727-815-0901

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