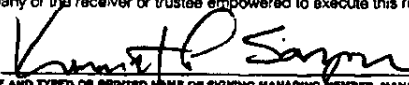


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/1/

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-01-2004 90750 023 ****50.00

DOCUMENT # L03000024277 1. Entity Name ST. CLOUD DEVELOPMENT GROUP, LLC					
Principal Place of Business 2722 13TH STREET ST. CLOUD, FL 34769			Mailing Address 2722 13TH STREET ST. CLOUD, FL 34769		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		34008549  04202004 Chg-LLC CR2E083 (10/03) 4. FEI Number 41-2099421 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent MCNEIL, ADDIE L 1312 ILLINOIS AVENUE SUITE A SAINT CLOUD, FL 34769				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THEOBALD AND SAMPSON, LLC 2722 13TH STREET ST. CLOUD, FL 34769	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K & W PARTNERSHIP 2920 CHERITHBROOK DRIVE MASON, MI 48854	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NALDA, ANTHONY DR. 1820 SIR LANCELOT CIRCLE ST. CLOUD, FL 34769	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 606, Florida Statutes.					
SIGNATURE: 				One Date	