

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90244 016 \*\*\*\*50.00

**DOCUMENT # L03000024277**

1. Entity Name  
**ST. CLOUD DEVELOPMENT GROUP, LLC**



Principal Place of Business      Mailing Address  
**2722 13TH STREET**      **2722 13TH STREET**  
**ST. CLOUD, FL 34769**      **ST. CLOUD, FL 34769**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

05042005    Chg-LLC    CR2E083 (10/03)

City & State      City & State

4. FEI Number  
**41-2099421**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired     **\$5.00** Additional Fee Required

**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  
**AIM & Associates**

Street Address (P.O. Box Number is Not Acceptable)

**1314 Illinois Avenue**

City      State      Zip Code  
**St Cloud      FL      34769**

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 *Addie McNeil*      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 September 7, 2005**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THEOBALD AND SAMPSON, LLC 2722 13TH STREET ST. CLOUD, FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K & W PARTNERSHIP 2920 CHERITHBROOK DRIVE MASON, MI 48854	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NALDA, ANTHONY DR. 1820 SIR LANCELOT CIRCLE ST. CLOUD, FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date 4-27-05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE