

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033944

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** TRUST NETWORK CONSULTANTS, LLC

**Current Principal Place of Business:**

13440 W. COLONIAL DRIVE #2  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

13440 W. COLONIAL DRIVE #2  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MCCLAIN, JAMES P  
13440 W. COLONIAL DR #2  
WINTER GARDEN, FL 34787      US

**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: MGR                      ( ) Delete  
Name: MCCLAIN, JAMES P  
Address: 13440 W. COLONIAL DRIVE #2  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM                      ( ) Delete  
Name: TUCKER, CECIL A III  
Address: PO BOX 345  
City-St-Zip: CHRISTMAS, FL 327090345

Title: MGRM                      ( ) Delete  
Name: POWELL, ROBERT H JR.  
Address: 2015 HOLLY AVE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM                      ( ) Delete  
Name: LAJEUNESSE, KEVIN  
Address: 126 TARRYTOWN TRL  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES P. MCCLAIN

MGR

04/30/2004

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