2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044919

Name:

Address:

City-St-Zip:

O'BRIEN, RYAN

737 WEST MONTROSE STREET

CLERMONT, FL 34711 US

Entity Name: MCCOY DESIGN GROUP, LLC

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 737 WEST MONTROSE STREE 713 WEST MONTROSE STREET CLERMONT,, FL 34711 CLERMONT,, FL 34711 **Current Mailing Address: New Mailing Address:** 737 WEST MONTROSE STREE 713 WEST MONTROSE STREET CLERMONT,, FL 34711 CLERMONT,, FL 34711 US FEI Number: 20-0395589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OBRIG, ELWOOD M 700 ALMOND STREET CLERMONT, FL 34711 US 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: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete MCCOY, RICK Name: Name: 737 WEST MONTROSE STREET Address: Address: City-St-Zip: CLERMONT,, FL 34711 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OQUIST, ROBERT Name: Name: Address: 737 WEST MONTROSE STREET Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition VANDERMEER, HANS Name: Name: 737 WEST MONTROSE STREET Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK MCCOY MGRM 04/29/2004