

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90071 015 \*\*\*\*55.00

**DOCUMENT # L03000045929**  
1. Entity Name  
**THE REAL MCCOY LTD. CO.**



Principal Place of Business Mailing Address  
**808 E. 53RD AVE. 79B** **808 E. 53RD AVE. 79B**  
**BRADENTON FL 34203** **BRADENTON FL 34203**

24057436



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address  
*Same* *P.O. Box 20071*  
Suite, Apt. #, etc. *Bradenton, Florida*  
City & State  
Zip *34204* Country *USA*

4. FEI Number *14-1906108* Applied For Not Applicable  
5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Name: **FELIX, NANCY**  
Address: **808 E. 53RD AVE. 79B**  
**BRADENTON FL 34203**

**7. Name and Address of New Registered Agent**  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): *Same*  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MCCOY, RICHARD	808 E. 53RD AVE. 79B	BRADENTON FL 34203	<input type="checkbox"/>
MGR	FELIX, MARY LOU	808 E. 53RD AVE. 79B	BRADENTON FL 34203	<input type="checkbox"/>
MGR	FELIX, NANCY	808 E. 53RD AVE. 79B	BRADENTON FL 34203	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

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: Nancy Felix Nancy Felix 4/25/04 (944) 773-8487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #