


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90116 022 \*\*\*\*55.00

**DOCUMENT # L03000050430**

1. Entity Name  
**RUSSELL W. LUCIA, LLC**



Principal Place of Business  
**630 EAST CYPRESS STREET  
 TARPON SPRINGS, FL 34689**

Mailing Address  
**630 EAST CYPRESS STREET  
 TARPON SPRINGS, FL 34689**

2. Principal Place of Business  
**630 East Cypress Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**630 East Cypress Street**  
 Suite, Apt. #, etc.

City & State  
**Tarpon Springs, Florida**

City & State  
**Tarpon Springs Fla**

Zip  
**34689** Country  
**USA**

Zip  
**34689** Country  
**USA**



02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0453632**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCIA, RUSSELL W  
 630 EAST CYPRESS STREET  
 TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name

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

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 *Russell W Lucia* DATE **2/5/04**

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 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 LUCIA, RUSSELL W 630 EAST CYPRESS STREET TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Russell W Lucia* DATE: **2/5/04** (727) 939-8017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #