


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90084 007 \*\*\*\*55.00

<b>DOCUMENT # L03000053416</b> 1. Entity Name <b>RUSSELL W. MCCLOUD SR. L.L.C.</b>					
Principal Place of Business <b>5535 MAGNOLIA WAY NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5535 MAGNOLIA WAY NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7460 Turtlebrook Ln.</b> Suite, Apt. #, etc.			
City & State 		City & State <b>New Port Richey FL</b>		4. FEI Number <b>59-3324011</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCLOUD, RUSSELL W SR. 5535 MAGNOLIA WAY NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name <b>McCloud, Russell W SR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7460 Turtlebrook Ln</b> City <b>New Port Richey FL</b> Zip Code <b>34655</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>owner / manager</b> <input type="checkbox"/> Delete NAME <b>Russell W McCloud</b> STREET ADDRESS <b>7460 Turtlebrook Ln</b> CITY-ST-ZIP <b>New Port Richey, FL 34655</b>			TITLE <b>MGRM</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Russell McCloud LLC</b> STREET ADDRESS CITY-ST-ZIP		
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>Russell McCloud</b> STREET ADDRESS <b>7460 Turtlebrook Ln</b> CITY-ST-ZIP <b>New Port Richey, FL 34655</b>			TITLE <b>MGRM</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Russell McCloud Sr. LLC</b> STREET ADDRESS <b>7460 Turtlebrook Ln</b> CITY-ST-ZIP <b>New Port Richey, FL 34655</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Russell W. McCloud</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>9-20-04</u> <small>Date</small>	