


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 038 ****55.00

DOCUMENT # L03000053416 1. Entity Name RUSSELL W. MCCLOUD SR. L.L.C.			
Principal Place of Business 5535 MAGNOLIA WAY NEW PORT RICHEY, FL 34652		Mailing Address 7460 TURTLEBROOK LNB NEW PORT RICHEY, FL 34655	
2. Principal Place of Business 7460 Turtle Brook Lane Suite, Apt. #, etc. New Port Richey, FL City & State 34655		3. Mailing Address 7460 Turtle Brook Lane Suite, Apt. #, etc. New Port Richey, FL City & State 34655 Zip USA	
4. FEI Number 59-3324011		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MCCLOUD, RUSSELL W SR. 7460 TURTLEBROOK LN NEW PORT RICHEY, FL 34655		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL MCCLOUD SR, LLC 7460 TURTLEBROOK LAN NEW PORT RICHEY, FL 34655 <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: <i>Russell McCloud</i>		Date 4-29-05 Daytime Phone # 727-992-3255	