

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000332

FILED
Apr 08, 2004
Secretary of State

Entity Name: NEXUS MANAGEMENT GROUP LC.

Current Principal Place of Business:

1500 BEVILLE RD STE 606
PMB 390
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1500 BEVILLE RD STE 606
PMB 390
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3374502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTPHEN, ROBERT R
1500 BEVILLE RD PMB 390
STE 606
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: FIELDS, ED
Address: 1500 BEVILLE RD STE 606 PMB 606
City-St-Zip: DAYTONA BEACH, FL 321145644

Title: P () Delete
Name: SUTPHEN, ROBERT R
Address: PMB 1500 BEVILLE RD STE 606
City-St-Zip: DAYTONA BEACH, FL 321145644

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIELDS, ED
Address: 1500 BEVILLE RD STE 606 PMB 606
City-St-Zip: DAYTONA BEACH, FL 321145644

Title: MGR (X) Change () Addition
Name: SUTPHEN, ROBERT R
Address: PMB 1500 BEVILLE RD STE 606
City-St-Zip: DAYTONA BEACH, FL 321145644

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.

SIGNATURE: EDWARD FIELDS

MGR

04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date