


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90017 034 ****50.00

DOCUMENT # L02000015151
1. Entity Name
KATHCO, L.L.C.



Principal Place of Business
**PO BOX 670451
CORAL SPRINGS, FL 33067**

Mailing Address
**PO BOX 670451
CORAL SPRINGS, FL 33067**

DO NOT WRITE IN THIS SPACE



04292004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 05-0523879	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD., STE. 350-N
HOLLYWOOD, FL 33021**

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IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, CATHERINE PO BOX 670451 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, HUSH PO BOX 670451 CORAL SPRINGS, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Catherine M. Stewart Manager 4-28-04 954 575-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #