
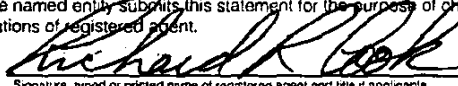
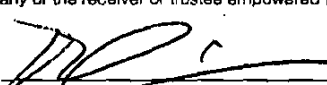


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000032036 1. Entity Name K & G OF DAYTONA, LLC		 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	FILED <u>504120903781</u> 23 PM 04-23-2004 90022 015 ****50.00
Principal Place of Business 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720		Mailing Address 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720	
2. Principal Place of Business 505 E. New York Ave Suite, Apt. #, etc. #8		3. Mailing Address 505 E. New York Ave Suite, Apt. #, etc. #8	
City & State Deland, FL		City & State Deland, FL	
Zip 32724		Zip 32724	
Country US		Country US	
4. FEI Number AP-PLIED FOR		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, RICHARD R 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720		7. Name and Address of New Registered Agent Name Richard R. Cook Street Address (P.O. Box Number is Not Acceptable) 505 E. New York Ave #8 City Deland FL Zip Code 32724	
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 the obligations of registered agent.			
SIGNATURE 		Richard R Cook 4/21/04 <small>(NOTE: Registered Agent signature required when resigning)</small> DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREINER, TERRY E 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 505 E. New York Ave #8 Deland, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUKER, TIMOTHY L 840 W. NEW YORK AVENUE, SUITE D DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 505 E. New York Ave #8 Deland, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]
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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 4-20-04 386 Daytime Phone # 25799	