

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021393

FILED  
Feb 04, 2004  
Secretary of State

**Entity Name:** KEVIN'S FINE OUTDOOR GEAR AND APPAREL, LLC

**Current Principal Place of Business:**

111 SOUTH BROAD STREET  
TALLAHASSEE, FL 31792

**New Principal Place of Business:**

122 PLANTATION OAK DRIVE  
THOMASVILLE, GA 31792

**Current Mailing Address:**

111 SOUTH BROAD STREET  
TALLAHASSEE, FL 31792

**New Mailing Address:**

3350 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**FEI Number:** 74-3093458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDEN, BATEMAN P.A.  
300 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KELLY, KEVIN T  
Address: 122 PLANTATION OAK DRIVE  
City-St-Zip: THOMASVILLE, GA 31792

Title: MGR ( ) Change (X) Addition  
Name: KELLY, KATHLEEN  
Address: 122 PLANTATION OAK DRIVE  
City-St-Zip: THOMASVILLE, GA 31792

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: KATHLEEN KELLY

MGR

02/04/2004

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