

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023374

FILED
Feb 11, 2004
Secretary of State

Entity Name: KI TOV (LLC)

Current Principal Place of Business:

21382 MARINA COVE CIRCLE, #D13
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21382 MARINA COVE CIRCLE, #D13
AVENTURA, FL 33180

New Mailing Address:

PO BOX 1516
D13
HALLANDALE BEACH, FL 30009

FEI Number: 20-0064017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUM, RAPHAEL
21382 MARINA COVE CIRCLE, #D13
AVENTURA, FL 33180

Name and Address of New Registered Agent:

BLUM, RAPHAEL MR.
21382 MARINA COVE CIRCLE, #D13
AVENTURA, FL 33180

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: RAPHAEL BLUM

02/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BLUM, RAPHAEL
Address: 21382 MARINA COVE CIRCLE, #D13
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: BLUM, RACHEL
Address: 21382 MARINA COVE CIRCLE, #D13
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAPHAEL BLUM

MGR

02/11/2004

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