

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026658

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: KUSH RESIDENTIAL CONSULTING, LLC

**Current Principal Place of Business:**

4440 SHIRLEY AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

4417 BEACH BLVD  
307  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4440 SHIRLEY AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

4417 BEACH BLVD  
307  
JACKSONVILLE, FL 32207

FEI Number: 20-0127898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HILL, DEBRA S  
8810-C GOODBY'S EXECUTIVE DRIVE  
SUITE C  
JACKSONVILLE, FL 32217 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: MGR ( ) Delete  
Name: BOWLES, GEORGE L III  
Address: 4440 SHIRLEY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: BOWLES, ALISSA D  
Address: 4440 SHIRLEY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

**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: GEORGE L BOWLES III

MGR

03/17/2004

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