2004 LIMITED LIABILITY COMPAN ANNUAL REPORT (AR)					
OCUMENT # L03000030958  Entity Name KINCLAVEN LLC					
Mailing Address					

FILED Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90434 042 \*\*\*\*50.00



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rincipal Place of Business 500 E. BROWARD BLVD. GUITE 1620 FORT LAUDERDALE FL 33394		SUITE 1620 FORT LAUDERDALE FL	500 E. BROWARD BLVD. SUITE 1620 FORT LAUDERDALE FL 33394					
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	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New H		٠ ,		
	b. Name and Address of Carre		Name					
SNOE	P, PEER		Street Addre	ss (P.O. Box Number is Not Acceptable	e) 			
500 E.	BROWARD BLVD.							
FORT	LAUDERDALE FL FL		City		FL Zip C			
			island office or rec	istered agent, or both, in the State of F	lorida. I am familiar wi	ith, and	i accept (	
8. The above no	amed entity submits this statemen ns of registered agent.	t for the purpose of changing it	is registered office of reg	istered agent, or both, in the State of F		_	\	
			OTE: Registered Agent signature (6	curred when reinstating)	DATE			
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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 all 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 all 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 all indicated on this report as required by Chapter 608, Florida Statutes, limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #