


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90191 047 ****55.00

DOCUMENT # L03000031128	
1. Entity Name KPH VENTURES, LLC	

Principal Place of Business 3415 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US	Mailing Address P.O. BOX 2346 PALM BEACH, FL 33480 US
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2. Principal Place of Business 3416 S. Dixie Hghwy Suite, Apt. #, etc.	3. Mailing Address 3416 S. Dixie Hghwy Suite, Apt. #, etc.
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01162005 Chg-LLC CR2E083 (10/03)

City & State W. Palm Beach FL	City & State W. Palm Beach FL	4. FEI Number 16-1680229	Applied For Not Applicable
Zip 33405	Country	Zip 33405	Country

6. Name and Address of Current Registered Agent HARRIS, R. PERRY 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33-405y		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 accept the obligations of registered agent.

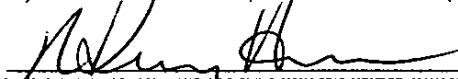
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, KAREN G 3416 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, R. PERRY 3416 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **R. Perry Harris** 1/27/05 561-650-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #