

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002022**

1. Entity Name  
KP MOTORS L.L.C.



Principal Place of Business  
4306 PABLO OAKS COURT  
JACKSONVILLE, FL 32224

Mailing Address  
PO BOX 16469  
JACKSONVILLE, FL 32245-6469



01232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-0629064

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000115516  
04/16/04-80027-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TOMM, C.B.  
STREET ADDRESS 4306 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE MGR  
NAME MARLETTE, LINDA  
STREET ADDRESS 4306 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Linda L. Marlette

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

4-9-04

Date

904-992-4110

Daytime Phone #