


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-28-2004 90057 049 *****5.00
 05-12-2004 90006 049 *****50.00

DOCUMENT # L00000001260
 1. Entity Name
KERSEY HOLDINGS, L.C.



| | |
|---|---|
| Principal Place of Business 114 QUEEN CATHERINA FT PIERCE, FL 34949 | Mailing Address 114 QUEEN CATHERINA FT PIERCE, FL 34949 |
|---|---|

DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0987045 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
KERSEY, THOMAS A
114 CATHERINA
FT PIERCE, FL 34949

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KERSEY, THOMAS 114 CATHERINA FT PIERCE, FL 34949 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 605, Florida Statutes.

SIGNATURE:  **4/12/04 772-971-2102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #