2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURI (AN)					Feb 02, 2004 08:00 AM				
DOCUMENT #4.90530012862 1. Entity Name					Secretary of State				
KINTAI, L	IMITED LIABILITY COMPA	NY							
Principal Plac	e of Business	Mailing Address	· · · ·		1				
P.O. BOX 2556 ARCADIA FL 34265		P.O. BOX 2556 ARCADIA FL 34265							
2. Principal Place of Business		3. Mailing Address]					
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE	CR2E083 (11/03)		
City & State		City & State		4. FEI Numb	59-3673597	f	Applied For Not Applicable		
Ζιρ	Country	Zip	Coun	stry	5. Certificate	e of Status Desired	□ \$5.00 / Fee Requ		
	6. Name and Address of Currer	t Registered Agent	<u> </u>	Nome	7. Name an	d Address of New R	egistered Agent		
WALDRON, EUGENE E JR				Name	ame				
124	NORTH BREVARD AVE. CADIA FL 34266			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL ZpC	ode	
	named entity submits this statement tions of registered agent.	for the purpose of changing	its register	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. I am familiar wi	th, and accept	
SIGNATURE	Signature, typed or printed name of registered age	of and title discribinative (N	OT Register	od Agent Signature raquire	d when reinstaling)	·	DATE .		
	national days of history that a character and			FEE IS \$50.00		Hoooooo			
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9.	MANAGING MEME	SERS/MANAGERS	10.	No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES		
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	certify that the information supplied w	ith this filing does not qualify			ection 119.07(3	(i), Florida Statutes. I	I justiner certify that the	e information	
indicated limited lia	certify that the information supplied w ton this report is true and accurate ar ability company or the receiver or trus	nd that my signature shall hav lee empowered to execute the	ve the sam his report a	e legal effect as if I s required by Char	made under oat ster 608, Florida	n, mar i am a manag Statutes.	ang member or man	ager of the	

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