

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


L01000001322

FILED

04 MAY -4 PM 3:43

DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
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<b>DOCUMENT # L01000001322</b>			
1. Entity Name KFI, LLC			
Principal Place of Business 2 UNIVERSITY PLAZA SUITE 402 HACKENSACK, NJ 07601		Mailing Address C/O DENIS H. NOAH P.O. BOX 280 FORT MYERS, FL 33902-0280	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Charles Robinson 675 Berkmar Court City & State Charlottesville, VA Zip 22901 Country USA	
City & State		4. FEI Number 16-1647184 Applied For Not Applicable	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOAH, DENIS 1715 MONROE ST FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY FUNDING, INC. 2 UNIVERSITY PLAZA, SUITE 402 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400033800744 04/26/04-01010-019 **111.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
By: <u>KENNEDY FUNDING, INC.</u> SIGNATURE: <u>[Signature]</u> 4/12/04 Title: <u>PRESIDENT</u>		434-817-5135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	