## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L01000003505 02-23-2004 90346 034 \*\*\*\*50.00 THE KIRKLAND FAMILY JOINT VENTURE OF VOLUSIA COUNTY, LLC. Principal Place of Business Mailing Address アオハTハハハ 4328 STATE RD 44 4328 STATE RD 44 NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chq-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 59-3688457 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, GLORIA JEAN Street Address (P.O. Box Number is Not Acceptable) 4328 STATE RD 44 NEW SMYRNA BEACH, FL 32168 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Change Addition SCHWARTZ, GLORIA JEAN NAME NAME STREET ADDRESS 4328 STATE RD 44 STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-7IP MGRM ☐ Delete ☐ Change ☐ Addition TITLE TITLE JIMENEZ, DEBORAH ANN NAME NAME 263 FLORATAM TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW SMYRNA BEACH, FL 32168 MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE CARBAJAL, KAREN ANITA NAME NAME STREET ADDRESS 305 FLORATAM TR STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP Addition MGRM ☐ Delete TITLE ☐ Change TITLE LOOMIS, FAY LAVERNE 4328 STATE ROAD 44 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE KIRKLAND, WARD ALLAN NAME STREET ADDRESS 275 FLORATAM TR STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 23, 2004 8:00 am