

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Sep 02, 2002 8:00 am  
Secretary of State

09-02-2002 90047 021 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name  
KIT CARSON MOUNTAIN, L.L.C.  
L 0100000 6239 ✓

**DO NOT WRITE IN THIS SPACE**

977128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business KIT CARSON MTN. LLC Suite, Apt. #, etc. 3334 SCRUB OAK LN.		3. Mailing Address SAME Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State JACKSONVILLE, FL.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 32223	Country USA	Zip	Country				

**DO NOT WRITE  
IN THIS SPACE**

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

Name	RALPH L. O'DAY		
Street Address (P.O. Box Number is Not Acceptable)	3334 SCRUB OAK LANE		
City	JACKSONVILLE	FL	Zip Code 32223

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
Make Check Payable to Department of State  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RALPH L. O'DAY 3334 SCRUB OAK LN. JACKSONVILLE FL. 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL S. O'DAY 3334 SCRUB OAK LN. JACKSONVILLE-FL-32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KYLE M. O'DAY 3334 SCRUB OAK LN JACKSONVILLE FL. 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	

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: Ralph L. O'Day 8-24-02 904-739-6253



*Attachment  
977128*

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

August 9, 2002

KIT CARSON MOUNTAIN, LLC  
RALPH L. O'DAY AND MICHAEL S. O'DAY  
3334 SCRUB OAK LANE  
JACKSONVILLE, FL 32223

SUBJECT: KIT CARSON MOUNTAIN, LLC  
Ref: Number: L01000006239

We have received your document for KIT CARSON MOUNTAIN, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete and submit the enclosed 2002 Uniform Business Report form and return it to this office along with the enclosed check. The document submitted is strictly formatted for online filings.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 802A00047554