


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006239**

1. Entity Name  
**KIT CARSON MOUNTAIN, LLC**



Principal Place of Business <b>8701 CEDAR HAMMOCK BLVD.          NAPLES, FL 34114</b>	Mailing Address <b>KIT CARSON MTN LLC          3334 SCRUB OAK LANE          JACKSONVILLE, FL 32223</b>
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**O'DAY, RALPH L  
 3334 SCRUB OAK LANE  
 JACKSONVILLE, FL 32223**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retesting) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DAY, RALPH L 3334 SCRUB OAK LANE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DAY, MICHAEL S 3334 SCRUB OAK LANE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DAY, KYLE M 3334 SCRUB OAK LANE JACKSONVILLE, FL 32223
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 04/21/04-80038-014 50.00

**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)(c), 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 (RALPH L. O'DAY) 4-19-04 904-739-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #