


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006239

1. Entity Name
KIT CARSON MOUNTAIN, LLC



Principal Place of Business Mailing Address

8701 CEDAR HAMMOCK BLVD.
 NAPLES, FL 34114

KIT CARSON MTN LLC
 3334 SCRUB OAK LANE
 JACKSONVILLE, FL 32223



04122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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 04/14/05-80089-018 50.00

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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)(f), 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) 4-12-05 904-268-9320

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