


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Jan 07, 2003 8:00 am  
Secretary of State

01-07-2003 90041 047 \*\*\*\*50.00

**DOCUMENT # L01000006239**

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



Principal Place of Business      Mailing Address

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

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

2. Principal Place of Business      3. Mailing Address

**8701 Cedar Hammock Blvd.**

Suite, Apt. #, etc.

City & State      City & State

**DADE FL.**

Zip      Country      Zip      Country

**34114      US**

4. FEI Number      **NOT APPLICABLE**      Applied For

Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'DAY, RALPH L  
3334 SCRUB OAK LANE  
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      State      Zip Code

**FL      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ralph L. O'Day* / **Ralph L. O'DAY**      DATE: **1-5-03**

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

**FILE NOW!!! FILE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>O'DAY, RALPH L</b>	
STREET ADDRESS	<b>3334 SCRUB OAK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>O'DAY, MICHAEL S</b>	
STREET ADDRESS	<b>3334 SCRUB OAK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>O'DAY, KYLE M</b>	
STREET ADDRESS	<b>3334 SCRUB OAK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGR</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*      **REQUIRED**      DATE: **1-5-03**      DAYTIME PHONE: **904-739-6253**

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

CR2E083 (10/02)