


FILED
Aug 02, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000008511	
1. Entity Name KENICHAN, LLC	

Principal Place of Business 3865 LAKE EMMA ROAD LAKE MARY, FL 32746	Mailing Address 3865 LAKE EMMA ROAD LAKE MARY, FL 32746
---	---

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC CR2E083 10/03)

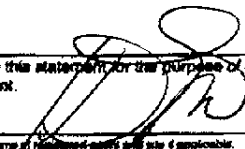
4. FEI Number 58-3721580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5. Fee <input type="checkbox"/> Additional required

6. Name and Address of Current Registered Agent

**MORSE, KENNETH D
300 NORTH ORANGE AVENUE, SUITE 2100
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

6. 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 I accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent will also be applicable. (NOTE: Registered Agent statement required when reappointing)

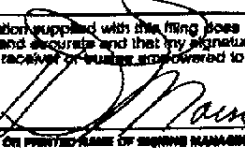
**Filing Fee is \$85.00
Due by September 8, 2004**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORSE, KENNETH D 300 NORTH ORANGE AVENUE, SUITE 2100 ORLANDO, FL 32801
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000168944
08/02/04-80003-025 50.00

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 registered agent of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  DATE: **7-28-04** 407-422-2411

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE