

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017211

FILED
Jan 10, 2005
Secretary of State

Entity Name: KCIS, L.L.C.

Current Principal Place of Business:

2203 N. LOIS AVE. SUITE 1200
TAMPA, FL 336225261

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25261
TAMPA, FL 336225261

New Mailing Address:

FEI Number: 59-3751670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD, AARON J
704 WEST BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAMPO, JOAQUIN M
Address: 2203 N. LOIS AVENUE, SUITE 1200
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: CAMPO, ANGELA
Address: 2203 N. LOIS AVENUE, SUITE 1200
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: MICHAEL, CAMPO
Address: 2203 N. LOIS AVENUE, SUITE 1200
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: MENENDEZ, MARTHA
Address: 2203 N. LOIS AVE., SUITE 1200
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Delete
Name: BURKETT, EDWARD
Address: 2203 N. LOIS AVE
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Delete
Name: LARUSSA, JOSE
Address: 2203 N. LOIS AVE., SUITE1200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KISINGER CAMPO & ASS, OCIATES CORP.
Address: 2203 N. LOIS AVENUE, SUITE 1200
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KISINGER CAMPO & ASSOCIATES CORP

MGR

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date