2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # LQ2000004761

1. Entity Name

KILPATRICK CONTRACTING AND RESTORATION SERVICES LLC



FILED Jun 25, 2004 08:00 AM Secretary of State

Principal Place of Business

2609 NW 2ND AV. CAPE CORAL, FL 33993 Mailing Address 2609 NW 2ND AV.

CAPE CORAL, FL 33993



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0619872 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, KEITH GILBERT 2609 NW 2ND AV. CAPE CORAL, FL 33993

DO NOT WRITE IN THIS SPACE

	bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I Digations of registered agent.	am familiar with, and accept
SIGNATI	JRE	ATE

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE CORAL, FL 33993 S KILPATRICK, DEBRA ANN	
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		

U00000162873 06/25/04-80001-018 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)(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 regort as regorded by Chapter 608, Florida Statutes.

SIGNATURE:

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

6-20-04

Date

Ü_{(4V}tgr.μ Ptγγtμ μ