

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90072 041 \*\*\*\*50.00

DOCUMENT # L02000005733

1. Entity Name  
KIMCO OF MARION COUNTY, LLC



Principal Place of Business  
1700 S.E. 17TH STREET, SUITE 300  
OCALA, FL 34471

Mailing Address  
1700 S.E. 17TH STREET, SUITE 300  
OCALA, FL 34471

64000010



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0399355

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III  
1700 SE 17TH STREET  
#300  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, ROY T III 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471
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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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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

Date

Daytime Phone #

4-28-04