2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# L02000005978

Entity Name: KJT PARTNERS, L.L.C.

Current Principal Place of Business:

5535 HILLGATE CROSSING
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

5535 HILLGATE CROSSING
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 01-0626853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H P.A.
5365 E CO HWY 30-A, SUITE 105
SEAGROVE BEACH, FL 32459 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: TRACEY ELLIOT PRIEST,
Address: 270 WEBLEY LANE
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete
Name: JAMES ALLEN POTTS,
Address: 5535 HILLGATE CROSSING
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR ( ) Delete
Name: KYLE THOMAS TUCCI,
Address: 832 FOREST PATH LANE
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: JAMES ALLEN POTTS MR. 01/11/2004

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