


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007529</b> 1. Entity Name K & M COTTAGES, LLC	
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Principal Place of Business 211 W. 11TH AVE. MT. DORA, FL 32757	Mailing Address 211 W. 11TH AVE. MT. DORA, FL 32757
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**DO NOT WRITE IN THIS SPACE**



08172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0058685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, ANITA  
3605TH ST. NW  
NAPLES, FL 34120

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKENZIE, ANITA 360-5TH ST N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENZIE, DONALD 360-5TH ST N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KROLL, PAUL 221 W 11TH AVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KROLL, BRENDA 221 W 11TH AVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/01/04-80002-024 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 report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Anita McKenzie* ANITA MCKENZIE 8/27/04 (239) 383 8178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #