


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90097 008 ****50.00

DOCUMENT # L02000007615	
1. Entity Name KEMPTON ENTERPRISES LLC	

Principal Place of Business 8100 NW 15TH PLACE GAINESVILLE, FL 32606	Mailing Address 8100 NW 15TH PLACE GAINESVILLE, FL 32606
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14026488

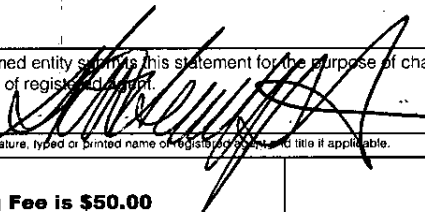


2. Principal Place of Business 25275 NW 8 Place PO Box 5	3. Mailing Address PO Box 5
Suite, Apt. #, etc. Suite 10-A	Suite, Apt. #, etc.
City & State Newberry FL	City & State Newberry FL
Zip 32669	Country USA

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2045368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEMPTON, SHARI 8100 NW 15 PL. GAINESVILLE, FL 32606	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

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.

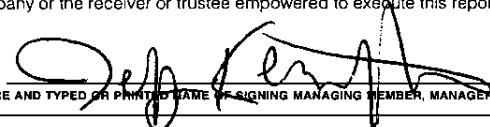
SIGNATURE  DATE **7/1/04**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMPTON, JEFF 8100 NW 15 PL. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **7/19/04**

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