

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007655

**FILED**  
**Jul 01, 2004**  
**Secretary of State**

**Entity Name:** KILIAN ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

C/O GEORGE L. KILIAN  
16 YARDARM DRIVE  
MASHPEE, MA 02649

**New Principal Place of Business:**

**Current Mailing Address:**

133 LINKS OF LEIERT  
WILLIAMSBURG, VA 23188

**New Mailing Address:**

**FEI Number:** 20-0119478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KILIAN, GEORGE L  
2162 W. TIGRIS DRIVE  
WEST PALM BEACH, FL 334115763 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: MGRM ( ) Delete  
Name: KILIAN, GEORGE L  
Address: 133 LINKS OF LEIEH  
City-St-Zip: WILLIAMSBURG, VA 23188

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KILIAN, GEORGE L  
Address: 133 LINKS OF LEITH  
City-St-Zip: WILLIAMSBURG, VA 23188

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: GEORGE L. KILIAN

MGRM

07/01/2004

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