


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90138 029 ****50.00

DOCUMENT # L02000007655	
1. Entity Name KILIAN ENTERPRISES, L.L.C.	

Principal Place of Business C/O GEORGE L. KILIAN 16 YARDARM DRIVE MASHPEE MA 02649	Mailing Address 133 LINKS OF LEIERT WILLIAMSBURG VA 23188
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2. Principal Place of Business 73 JAL HALLA DRIVE Suite, Apt. #, etc.	3. Mailing Address 73 JAL HALLA DRIVE Suite, Apt. #, etc.
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City & State So. YARMOUTH, MA.	City & State So. YARMOUTH, MA.	4. FEI Number 20-0119478	Applied For <input type="checkbox"/> Not Applicable
Zip 02664	Country USA.	Zip 02664	Country USA.



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILIAN, GEORGE L 2162 W. TIGRIS DRIVE WEST PALM BEACH FL 33411-5763	Name Street Address (P.O. Box Number is Not Acceptable) City 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 George L. Kilian (NOTE: Registered Agent signature required when reinstating) DATE 2/5/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILIAN, GEORGE L 133 LINKS OF LEITH WILLIAMSBURG VA 23188 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: George L. Kilian DATE: 2/5/05 DAYTIME PHONE #: 508-398-1918