


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-18-2003 90021 010 ****50.00

DOCUMENT # L02000007655

1. Entity Name
KILIAN ENTERPRISES, L.L.C.



55053679

Principal Place of Business Mailing Address
C/O GEORGE L. KILIAN **C/O GEORGE L. KILIAN**
16 YARDARM DRIVE **16 YARDARM DRIVE**
MASHPEE MA 02649 **MASHPEE MA 02649**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **133 Links of Love**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Williamsburg, VA.

Zip Country Zip Country
23188 Same City VA

4. FEI Number **20-0119478** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KILIAN, GEORGE L
2162 W. TIGRIS DRIVE
WEST PALM BEACH FL 33411-5763

7. Name and Address of New Registered Agent
 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* DATE **7/14/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. M KILIAN GEORGE L. 133 LINKS OF LOVE WILLIAMSBURG, VA. 23188	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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 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: *George L. Kilian* SIGNATURE REQUIRED *George L. Kilian* DATE **7/14/03** 767-346-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)