


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012223 1. Entity Name KTB ASSOCIATES, LLC	
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Principal Place of Business 200 ANDREWS AVENUE #3 DELRAY BEACH, FL 33483	Mailing Address 200 ANDREWS AVENUE #3 DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE

01242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2313373	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

BOLWELL, KATHLEEN T
200 ANDREWS AVENUE #3
DELRAY BEACH, FL 33483

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLWELL, KATHLEEN T 200 ANDREWS AVENUE #3 DELRAY BEACH, FL 33483
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01/29/04-80057-004 50.00

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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)(j), 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: Kathleen T. Bolwell 1/23/04 561-870-8040
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #