2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012947

Entity Name: KVR CONSULTING, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
1311 SE 17TH AVENUE OCALA, FL 34471	P.O. BOX 832123 OCALA, FL 344832123

Current Mailing Address:	**New Mailing Address:**
1311 SE 17TH AVENUE OCALA, FL 34471	P.O. BOX 832123 OCALA, FL 344832123

FEI Number: 47-0868173   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GASSMAN, ALAN S ESQ. 1245 COURT ST., STE. 102 CLEARWATER, FL 33756 US	REED, KEVIN L MR. P.O. BOX 832123 OCALA, FL 344832123 US

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: KEVIN L REED   05/01/2004

_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ## ADDITIONS/CHANGES:

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition	
Name:	REED, KEVIN		Name:	REED, KEVIN L MR.	
Address:	1311 SE 17TH AVENUE		Address:	P.O. BOX 832123	
City-St-Zip:	OCALA, FL 34471		City-St-Zip:	OCALA, FL 344832123	
Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition	
Name:	REED, VALERIE		Name:	REED, VALERIE F MRS.	
Address:	1311 SE 17TH AVENUE		Address:	P.O. BOX 832123	
City-St-Zip:	OCALA, FL 34471		City-St-Zip:	OCALA, FL 344832123	

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: KEVIN L REED   MR.   05/01/2004

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