

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000016616

1. Entity Name

KATHLEEN AND CO. II, L.L.C.



Principal Place of Business  
4394 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410

Mailing Address  
4394 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number  
03-0467165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FL  
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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  
MGRT  
DREW, KATHLEEN  
4394 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000332067  
04/26/05-80043-024 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
RIZO, THOMAS  
4394 NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

THOMAS F. RIZO

4-22-05

561-825-4552

Date

Daytime Phone #