

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM

Secretary of State

\$50.00

DOCUMENT # L02000025371

1. Entity Name

KM PROPERTIES OF GAINESVILLE, LLC



Principal Place of Business

500 NW 101 STREET
GAINESVILLE FL 32607

Mailing Address

500 NW 101 STREET
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

KRISTOFF, KARL
500 NW 101 STREET
GAINESVILLE FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry 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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRISTOFF, KARL
500 N.W. 101 ST.
GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000048719
02/12/04-80091-022 50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RADZISZWESKI, MAREK
324 S. CHESTER AVE.
PARK RIDGE IL 60068

☐ Delete

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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)(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:

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

2/10/04

352 332 5030

Date

Daytime Phone #