## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 20, 2004 08:00 AM Secretary of State **DOCUMENT # L02000028657** KOTLAR PERFORMANCE, LLC Principal Place of Business Mailing Address 6800 N. OCEAN BLVD. 6800 N. OCEAN BLVD, OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435 02102004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3662218 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KÓTLAR, ANTONIO DO NOT WRITE 6800 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 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. Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME KOTLAR, ANTONIO STREET ADDRESS 6800 N. OCEAN BLVD. CITY-ST-ZIP OCEAN RIDGE, FL 33435 TITLE 000000121573 04/20/04-80058-020 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIBLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP BBLE

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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Davima Phone &