

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032438**

1. Entity Name  
**KERR & ASSOCIATES, L.L.C.**



Principal Place of Business  
**11802 WILDFIRE WAY  
TAMPA, FL 33635**

Mailing Address  
**11802 WILDFIRE WAY  
TAMPA, FL 33635**



06272004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2083528**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KERR, PATRICK W  
11802 WILDFIRE WAY  
TAMPA, FL 33635**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KERR, PATRICK W  
11802 WILDFIRE WAY  
TAMPA, FL 33635**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KERR, BARBARA  
11802 WILDFIRE WAY  
TAMPA, FL 33635**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

00000015271  
07/12/04-80006-013 50.00

**DO NOT WRITE  
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)(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, OR AUTHORIZED REPRESENTATIVE

**BARBARA G. Kerr**

**6/30/04**

**813-789-5129**

Date

Daytime Phone #