

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90077 039 \*\*\*\*50.00

**DOCUMENT # L02000035142**

1. Entity Name  
**K H CONSTRUCTION LLC**



Principal Place of Business  
**12376 ANGLERS COVE COURT  
FORT MYERS, FL 33908**

Mailing Address  
**12376 ANGLERS COVE COURT  
FORT MYERS, FL 33908**

**24008062**



2. Principal Place of Business

3. Mailing Address

**PO BOX 08454**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**Fort Myers FL**

4. FEI Number  
**22-3889016**

Applied For  
Not Applicable

Zip

Country

Zip

**33908**

Country

**Lee**

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

**HOUSE, PHILLIP KEVIN  
12376 ANGLERS COVE COURT  
FORT MYERS, FL 33908**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KEVIN HOUSE, PHILLIP  
12376 ANGLERS COVE COURT  
FORT MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RENEE JONES, TAMMY  
12376 ANGLERS COVE COURT  
FORT MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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

**Phillip Kevin House** **Phillip Kevin House** **1/17/04** **239-340-2557**  
Date Daytime Phone #