

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90234 039 \*\*\*\*50.00

**DOCUMENT # L03000000788**

1. Entity Name

KLB HOLDING COMPANY LLC USA



Principal Place of Business

~~1500~~ GALLEON DRIVE  
NAPLES FL 34102

Mailing Address

~~1500~~ GALLEON DRIVE  
NAPLES FL 34102

24006612



MOORE

CR2E083 (11/03)

2. Principal Place of Business

775 GALLEON DR  
Suite, Apt. #, etc.

3. Mailing Address

775 GALLEON DR  
Suite, Apt. #, etc.

4. FEI Number

59-3766042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, JAMES A  
~~1500~~ GALLEON DRIVE  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

775 GALLEON DR

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

*James A. Johnston*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER  
NAME: JAMES A. JOHNSTON  
STREET ADDRESS: 775 GALLEON DR  
CITY-ST-ZIP: NAPLES FL 34102 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

*James A. Johnston*

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

Date

Daytime Phone #

1-29-04 2396498944