


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90064 019 ****50.00

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| DOCUMENT # L030000004132 |  |
| 1. Entity Name KEMPER CAPITAL, LLC | |

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| Principal Place of Business 6020 REVERE PLACE, #B BLOOMFIELD HILLS MI 48301 | Mailing Address 6020 REVERE PLACE, #B BLOOMFIELD HILLS MI 48301 |
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| 2. Principal Place of Business 2165 STONINGTON TERRACE | 3. Mailing Address 2165 STONINGTON TERRACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State W. PALM BEACH, FL | City & State W. PALM BEACH, FL |
| Zip 33411 | Country USA |



MOORE CR2E083 (11/03)

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|---|--|
| 6. Name and Address of Current Registered Agent KEMPER, ALBERT 2165 STONINGTON TERRACE WEST PALM BEACH FL 33411 | |
| 7. Name and Address of New Registered Agent 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 *Albert Kemper* DATE **4-24-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: *Albert Kemper* X

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

Date Daytime Phone #