## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 18, 2005 8:00 am **Secretary of State** 01-18-2005 90181 014 \*\*\*\*50.00 Chg-LLC CR2E083 (10/03) Applied For 55-0819088 Not Applicable \$5.00 Additional Fee Regulred

DOCUMENT # L03000005128 K & A ASSOCIATES, LLC Principal Place of Business Mailing Address 3007 29TH AVE. E. 3007 29TH AVE. E. BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address 9005 68th Ave. East 9005 68th Ave.East Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 City & State City & State 4. FEI Number Bradenton Bradenton Country Country 5. Certificate of Status Desired 34202 USA 34202 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOTTKE, SHARON E Kottke Sharon E reet Address (P.O. Box Number is Not Acceptable)
9005 68th Ave. East 3007 29TH AVE. E. BRADENTON, FL 34208 City **Bradenton** 34202 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, 1-5-2005 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete TITLE X Change Addition TITLE MGRM KOTTKE, SHARON E NAME NAME Kottke, Sharon E STREET ADDRESS 3007 29TH AVE. E. STREET ADORESS 9005 68th Ave. East CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP Bradenton Fl 34202 ☐ Change TITLE ☐ Delete TOLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

/5/2005 <u>(941)751=6315</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEI R, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #