

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009364

FILED
Feb 25, 2004
Secretary of State

Entity Name: KUECHENBERG JOINT VENTURE PARTNERS, LLC

Current Principal Place of Business:

2519 ARBOR DRIVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2519 ARBOR DRIVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 58-2682868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLLER, NEALE J
550 BILTMORE WAY-SUITE 700
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KUECHENBERG, JILL
Address: 2519 ARBOR DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM (X) Delete
Name: BURTON, LINDA
Address: 1868 N UNIVERSITY DR, STE 301
City-St-Zip: PLANTATION, FL 33322

Title: MGRM (X) Delete
Name: POLLER, NEALE J
Address: 550 BILTMORE WAY, STE 700
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JILL KUECHENBERG

MGNR

02/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date