



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 005 ****50.00

DOCUMENT # L03000015890					
1. Entity Name KMART OF FLORIDA LLC					
Principal Place of Business 3100 WEST BIG BEAVER ROAD TROY, MI 48084			Mailing Address 3100 WEST BIG BEAVER ROAD TROY, MI 48084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1450503	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		-		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUEKEN, H.W.		NAME	Johnson, W.B.	
STREET ADDRESS	3100 W. BIG BEAVER		STREET ADDRESS	3100 W. Big Beaver	
CITY-ST-ZIP	TROY, MI 48084		CITY-ST-ZIP	Troy, MI 48084	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEFERBAUGH, J.E.		NAME	Ravas, A.R.	
STREET ADDRESS	3100 W. BIG BEAVER		STREET ADDRESS	3100 W. Big Beaver	
CITY-ST-ZIP	TROY, MI 48084		CITY-ST-ZIP	Troy, MI 48084	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISPLON, J.L.		NAME		
STREET ADDRESS	3100 W. BIG BEAVER		STREET ADDRESS		
CITY-ST-ZIP	TROY, MI 48084		CITY-ST-ZIP		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOCHA, A		NAME		
STREET ADDRESS	3100 W. BIG BEAVER		STREET ADDRESS		
CITY-ST-ZIP	TROY, MI 48084		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOOCH, J.F.		NAME		
STREET ADDRESS	3100 W. BIG BEAVER		STREET ADDRESS		
CITY-ST-ZIP	TROY, MI 48084		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-15-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			(248) 463-1070		

12000000



03042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1450503

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

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SIGNATURE:  4-15-05

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

(248) 463-1070 Daytime Phone #