

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016742

FILED  
May 04, 2004  
Secretary of State

Entity Name: KENAF USA LLC

**Current Principal Place of Business:**

8366 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

8366 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

FEASTER, JOHN G DR.  
8366 A1A SOUTH  
ST AUGUSTINE, FL 32080 US

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: JOHN GERALD FEASTER

05/04/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FEASTER, DR. GERALD  
Address: 8366 A1A SOUTH STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM (X) Delete  
Name: FEASTER, JOHN C  
Address: 18322 ELMHURST LANE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FEASTER, GERALD MGRM  
Address: 8366 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: GERALD FEASTER

MGRM

05/04/2004

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