

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018811

**FILED**  
**Apr 20, 2004**  
**Secretary of State**

**Entity Name:** KIMC PORT ST. LUCIE LLC

**Current Principal Place of Business:**

222 LAKEVIEW AVENUE, SUITE 200  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

222 LAKEVIEW AVENUE, SUITE 200  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-0388896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SCHWARZBERG, DEBORAH K  
Address: 222 LAKEVIEW AVE, STE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DEBORAH K SCHWARZBERG

MGRM

04/20/2004

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