

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 048 ****50.00

24064803



DOCUMENT # L03000019055		
1. Entity Name KMJ PROPERTIES, LLC		

Principal Place of Business 681 TALLAHASSEE DRIVE N.E. ST. PETERSBURG, FL 33702	Mailing Address 681 TALLAHASSEE DRIVE N.E. ST. PETERSBURG, FL 33702
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2. Principal Place of Business 9100 4th St. N.	3. Mailing Address 2431 Dana Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State Safety Harbor, FL
Zip 33702	Zip 34695
Country USA	Country USA

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number Se-2363367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNOLLY, JOHN J 681 TALLAHASSEE DRIVE N.E. ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Wesley E. Brackett Street Address (P.O. Box Number is Not Acceptable) 2431 DANA Drive City Safety Harbor FL Zip Code 34695	
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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 Wesley E. Brackett <small>Signature, typed or printed name of registered agent and title if applicable.</small>	4/27/04 <small>DATE</small>

Filing fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNOLLY, JOHN J		NAME	
STREET ADDRESS 681 TALLAHASSEE DRIVE N.E.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRACKETT, WESLEY E		NAME	
STREET ADDRESS 681 TALLAHASSEE DRIVE N.E.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		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	
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	
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: Wesley E. Brackett <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4/27/04 727-576-1515 <small>Date Daytime Phone #</small>