


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90041 036 ****50.00

DOCUMENT # L03000019157 1. Entity Name KLOS - GARDNER GROUP, LLC					
Principal Place of Business 319 ORANGEVIEW AVE CLEARWATER, FL 33755 US			Mailing Address 319 ORANGEVIEW AVE CLEARWATER, FL 33755 US		
2. Principal Place of Business 1465 Jacaranda Circle S Suite, Apt. #, etc.		3. Mailing Address 1465 Jacaranda Circle S Suite, Apt. #, etc.			
City & State Clearwater, FL Zip Country 33755 USA		City & State Clearwater, FL Zip Country 33755 USA		4. FEI Number 54-2111936 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04192004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GARDNER, VERONICA K 319 ORANGEVIEW AVE CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Veronica E. Klos Street Address (P.O. Box Number is Not Acceptable) 1465 Jacaranda Circle S. City State Zip Code Clearwater FL 33755		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, VERONICA K 319 ORANGEVIEW AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veronica E. Klos 1465 Jacaranda Circle S. Clearwater, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	<small>Daytime Phone #</small>