2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90103 009 ****50.00

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1. Entity Name
KATHRYN NICOLE, LLC

20003493

01172005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
6160 NORTH A1A VERO BEACH, FL 32963	6160 NORTH A1A VERO BEACH, FL 32963

2. Principal Place of Business	3. Mailing Address
6100 North A1A	6100 North A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State: Vero Beach, FL
Zip: 32963 Country:	Zip: 32963 Country:

4. FEI Number: 65-1200501 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDWELL, WILLIAM W 756 BEACHLAND BLVD. COLLINS, BROWN, CALDWELL, BARKETT VERO BEACH, FL 32963	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THERYOUNG, PATRICIA 240 OSPREY COURT VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Theryoung, Patricia 210 Osprey Court Vero Beach, FL 32963	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THERYOUNG, KATHRYN 210 OSPREY COURT VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THERYOUNG, RICHARD 210 OSPREY COURT VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Patricia Theryoung 1/18/05 772-231-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #