2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

	AITITOAL	1/21 01/1				\sim	CLICL	ai y	or Sr	ait	
DOCUMENT # L03000032075 1. Entity Name KIDD TUCKER REAL ESTATE GROUP, L.L.C.						01-20-2004 90203 008 ****55.00					
Principal Place	e of Business	Mailing Address					24	0018	2/1/2		
2074 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		2074 CENTRE POINTE BLVD. Tallahassee, Fl 32308					~ 1	0010	עצי	-	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		· Suite, Apt. #, etc.			011520	04	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State			4. FEI N	umber	56-239(2719		plied For t Applicable	
Zip	Country	Zip				<u> </u>	Status Desired	ďγ	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				None 1	7. Name	and Ac	dress of New I	Registered	Agent		
BREWSTER, JAMES R 547 N. MONROE STREET				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 203 TALLAHAS	3 SSEE, FL 32301			20-	74 Cer	1 Centre Pointe Blvd.					
				ONTAL	lahasse	ρ		FI	Zip Code	3 V X	
8. The above the obligat	named entity submits this statement for ions of registered agent.	Judle		ed office or re	gistered agent, o	or both, i	n the State of Fl	orida. I am	familiar with,	and accept	
	iling Fee Is \$50.00 ue by May 1, 2004				required when reinstation			ke check a Departr	payable to nent of State		
9.	MANAGING MEMBER		10.				ADDITIONS	/CHANGE			
TITLE	MGRM	☐ Delete	TITLE	. 1					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KIDD, WILLIAM J MR. 2074 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	D. sn		ET ADORESS -ST-ZIP							
TITLE	MGRM	☐ Delete TITI							☐ Change	Addition	
NAME	•		NAMI	1							
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY	ET ADDRESS -ST-ZIP							
TITLE	MGRM TUCKER; HARRY L DR.	☐ Delete TITLI						,	Change	Addition	
NAME STREET ADDRESS	278 ROSE HILL DRIVE, EAST	NAM STRE		ET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY								
TITLE	MGRM	☐ Delete	TITLE					•	☐ Change	Addition	
NAME	TUCKER, EILEEN C MRS. 278 ROSE HILL DRIVE, EAST	NAM									
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32312			ET ADORESS -ST-ZIP							
TITLE		☐ Delete	TITLE	E					☐ Change	Addition	
NAME			NAM	í							
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE	·	☐ Delete	TITLE	l.					☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mption stated	in Section 119.	07(3)(i),	Florida Statutes	I further co	ertify that the in	nformation	

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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/04

850 878 5433

Davtime Phone #