2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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04-29-2004 90079 036 ****55.00 **DOCUMENT # L03000032298** 1. Entity Name KILLIAN, LLC Principal Place of Business Mailing Address 34006066 3235 SW 62 LN 3235 SW 62 LN GIANESVILLE, FL 32608 GIANESVILLE, FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04262004 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 11-370-2485 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Name QUINCEY, JAMES S Street Address (P.O. Box Number is Not Acceptable) **111 SE 1ST ST** GAINESVILLE, FL 32601 City 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** Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MLE MGRM ☐ Datete TITLE ☐ Change Addition KILLIAN, ANN R TRUSTEE KAME NAME STREET ADDRESS 3300 SW 62 LN STREET ADDRESS GAINESVILLE, FL 32608 CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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11. I hereby certify that the information supplied with this filling 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.

FILED May 13, 2004 8:00 am Secretary of State

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Official 240000000 Division of Corporations

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