


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**


01-26-2004 90073 023 \*\*\*\*50.00

<b>DOCUMENT # L03000034765</b>		
1. Entity Name <b>KPR &amp; ASSOCIATES LLC</b>		

Principal Place of Business <b>710 94TH AVENUE, STE. 308 ST. PETERSBURG FL 33702</b>	Mailing Address <b>710 94TH AVENUE, STE. 308 ST. PETERSBURG FL 33702</b>
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2. Principal Place of Business	3. Mailing Address <b>345 34TH AVE NE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST PETERSBURG FL</b>	City & State <b>ST PETERSBURG FL</b>
Zip <b>33704</b>	Country <b>USA</b>

	
MOORE	CR2E083 (11/03)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

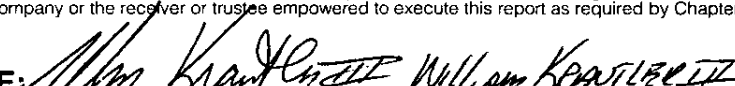
6. Name and Address of Current Registered Agent <b>KRAUTLER, WILLIAM HENRY III 710 94TH AVENUE, STE. 308 ST. PETERSBURG FL 33702</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>1/21/04</b>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRAUTLER, WILLIAM H 345 34TH AVE NE ST. PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>William KRAUTLER III</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAUTLER, HAZEL B 345 34TH AVE NE ST. PETERSBURG FL 33702 <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
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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:  <b>William KRAUTLER III</b>	DATE <b>1/21/04</b> DAYTIME PHONE # <b>727-577-6822</b>