

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90022 001 \*\*\*\*50.00

DOCUMENT # L03000036513



1. Entity Name  
KAYAK TITLE, LLC

Principal Place of Business  
C/O MICHAEL S. PRICE  
1905 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

Mailing Address  
C/O MICHAEL S. PRICE  
1905 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207



2. Principal Place of Business  
*1905 1907 Atlantic Blvd*

3. Mailing Address  
*1907 Atlantic Blvd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-LLC CR2E083 (10/03)

City & State  
*Jacksonville, FL.*

City & State  
*Jacksonville, FL.*

4. FEI Number  
*56-2405429*

Applied For  
Not Applicable

Zip  
*32207*

Country

Zip  
*32207*

Country

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

PRICE, MICHAEL S P.A.  
1905 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

*1907 Atlantic Blvd*

City *Jacksonville*

FL

Zip Code

*32207*

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

*Michael S. Price, Pres.*

*Michael S. Price*

*1/26/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
MGRM  
PRICE, MICHAEL S  
1905 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*1907 Atlantic Blvd* ☒ 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

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:

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

Date

Daytime Phone #

*Michael S. Price Michael S. Price January 26, 2004 (904) 3964445*