


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90010 028 ****50.00

DOCUMENT # L03000038420

1. Entity Name
KLH INVESTMENTS, LLC



12064363

Principal Place of Business Mailing Address
3205 SAWGRASS VILLAGE CIRCLE **3205 SAWGRASS VILLAGE CIRCLE**
PONTE VEDRA BEACH, FL 32082 **PONTE VEDRA BEACH, FL 32082**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07022004 Chg-LLC CR2E083 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
68-0569277 Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND L. HUTCHINS, CPA
3205 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME HUTCHINS MANAGEMENT SERVICES, INC.
STREET ADDRESS 751 QAK STREET, SUITE 600
CITY - ST - ZIP JACKSONVILLE, FL 32204

TITLE Change Addition
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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: *An [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/6/04 (204)285-7430
Date Daytime Phone #