


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90183 049 \*\*\*150.00

<b>DOCUMENT # L03000038526</b>					
1. Entity Name <b>KALOGIANIS LAND DEVELOPMENT GROUP, LLC</b>					
Principal Place of Business <b>4821 U.S. HIGHWAY 19, STE. 3 NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>4821 U.S. HIGHWAY 19, STE. 3 NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20028 9670</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FOWLER WHITE BOGGS BANKER P.A.</b> <b>C/O HUNTER J. BROWNLEE</b> <b>501 E. KENNEDY BLVD., STE. 1700</b> <b>TAMPA, FL 33602</b>			Name <b>CONSTANTINE KALOGIANIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4821 U.S. Highway 19</b> <b>New Port Richey</b> City <b>FL</b> Zip Code <b>34652</b>		
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 <b>X</b>			DATE <b>05-13-04</b>		
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	<b>MANAGING MEMBER</b> <b>CONSTANTINE KALOGIANIS</b> <b>4752 CRESTHILL LN</b> <b>NPR FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>JOSEPH P. FERRANDINO</b> <b>4200 MCLUNG DR.</b> <b>NPR FL 34653</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>STEVEN J. STUEBS</b> <b>2300 CURLEW ROAD, SUITE 100</b> <b>PALM HARBOR, FL 34683</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>ARISTIDIS ZAMAKIS</b> <b>5848 OTIS DR.</b> <b>NEW PORT RICHEY, FL 34652</b>		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	
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>STEVEN J. STUEBS</b>			Date _____ Daytime Phone # _____		