

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-10-2004 90186 007 ****50.00

DOCUMENT # L03000040665 1. Entity Name K2 INVESTMENTS, LLC					
Principal Place of Business 1332 DESOTO STREET MELBOURNE FL 32935			Mailing Address 1332 DESOTO STREET MELBOURNE FL 32935		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0326430	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, CHRISTOPHER J. ESQUIRE 1329 BEDFORD DRIVE SUITE 1 MELBOURNE FL 32940				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE 3/3/4	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KESSEL, KIRK W 1332 DESOTO STREET MELBOURNE FL 32935		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KIRSCHNER, STAN M 1332 DESOTO STREET MELBOURNE FL 32935		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 SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 3/18/04 Daytime Phone #	

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MOORE CR2E083 (11/03)