



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L03000048697</b> 1. Entity Name <b>KLC LLC</b>				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2004 OCT 14 P 1:35</div> <div style="font-size: 0.8em;">SECRETARY OF STATE</div>	
Principal Place of Business <b>3020 DALTON ST LAKELAND FL 33810 US</b>		Mailing Address <b>3020 DALTON ST LAKELAND FL 33810 US</b>		 <b>MOORE CR2E083 (11/03)</b>	
2. Principal Place of Business <b>3020 DALTON ST</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LK10 FLORIDA</b>		City & State <b>SAME</b>			
Zip <b>33810</b>		Country <b>USA</b>		4. FEI Number 	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>KAREN LEWIS L 3020 DALTON ST LAKELAND FL 33810</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><b>KAREN L LEWIS</b></u> <u><i>Karen Lewis</i></u> <u><b>10-1-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PETERSON, MICHAEL S 5071 FAIRFIELD DR LAKELAND FL 33805</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">300041885503</div> <div style="font-size: 0.8em;">10/14/04--01044--003 **50.00</div>	
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		
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 605, Florida Statutes.					
SIGNATURE: <u><i>Michael S Peterson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

10/4/04

I am sorry we are late, - Have  
been through 3 hurricanes - paperwork  
wet + ruined -

Karen Lewis