

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051978

Entity Name: KANGAROO FONDUE, LLC

FILED  
Feb 06, 2004  
Secretary of State

## Current Principal Place of Business:

7755 WOODBROOK CIRCLE  
#2  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

7755 WOODBROOK CIRCLE  
#2  
NAPLES, FL 34104 US

## New Mailing Address:

FEI Number: 57-1196781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BOWMAN, MYLES E  
Address: 1241 WOODLEY ROAD, APT 3  
City-St-Zip: MONTGOMERY, AL 36106 US

Title: MGRM ( ) Delete  
Name: BOWMAN, ANGELA  
Address: 1241 WOODLEY ROAD, APT 3  
City-St-Zip: MONTGOMERY, AL 36106 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOWMAN, MYLES E  
Address: 7755 WOODBROOK CIR #2  
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM (X) Change ( ) Addition  
Name: BOWMAN, ANGELA  
Address: 7755 WOODBROOK CIR #2  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MYLES E. BOWMAN

MGRM

02/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date