


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JUL -6 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000036420	
1. Entity Name KINKORA PASS, LLC	

Principal Place of Business C/O MACY LANE INVESTMENTS, LLC 287 BURNT PINE DRIVE NAPLES, FL 34119	Mailing Address C/O MACY LANE INVESTMENTS, LLC 287 BURNT PINE DRIVE NAPLES, FL 34119
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



07062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1057451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, NACE 287 BURNT PINE DRIVE NAPLES, FL 34119	7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301
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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 <i>Laura R. Dunlap</i> Signature, typed or printed name of registered agent, and title if applicable.	DATE <i>7/6/05</i> DATE

Laura R. Dunlap
as its agent

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lamar Manager Inc. c/o Macy Lane Investments, LLC 287 Burnt Pine Drive Naples FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>7/12/05 01067 016 55.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cory D. Boss, VP c/o Macy Lane Investments, LLC 287 Burnt Pine Dr., Naples FL 34119 <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 608, Florida Statutes.

SIGNATURE: <i>/s/ Cory D. Boss, V.P., MGR</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	07/06/2005 Date	Daytime Phone #
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