

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000042087

1. Entity Name
K A D 2004, L.L.C.



Principal Place of Business
4010 S.W. 7TH AVE. RD.
OCALA, FL 34474

Mailing Address
4010 S.W. 7TH AVE. RD.
OCALA, FL 34474

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LAND, DANA
4010 S.W. 7TH AVE. RD.
OCALA, FL 34474

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LAND, DANA
STREET ADDRESS 4010 S.W. 7TH AVE. RD.
CITY-ST-ZIP OCALA, FL 34474

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM
NAME LAND, AVA
STREET ADDRESS 4010 S.W. 7TH AVE. RD.
CITY-ST-ZIP OCALA, FL 34474

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

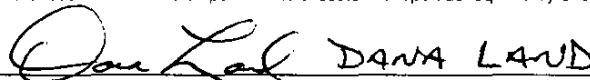
Delete

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 exemptions contained in Chapter 119, 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:

 Dana Land 1-7-08

352-861-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED
Jan 08, 2008 8:00 am
Secretary of State**

01-08-2008 90005 005 ***138.75

60000307



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0087766	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required