

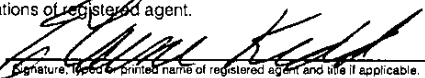
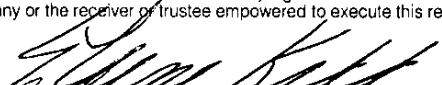


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90095 008 ****55.00

DOCUMENT # L04000054884					
1. Entity Name E.M. KIDD ENTERPRISES LLC					
Principal Place of Business 538 DOVE POINTE OSPREY, FL 34229			Mailing Address 538 DOVE POINTE OSPREY, FL 34229		
2. Principal Place of Business 1530 DOLPHIN ST		3. Mailing Address		 04252005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. 7		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State			
Zip 34236		Country			
4. FEI Number 20-1429957		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITCHEY, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name CYNTHIA L. KIDD Street Address (P.O. Box Number is Not Acceptable) 1530 DOLPHIN ST. City SARASOTA FL Zip Code 34236			
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  DATE 4-30-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CYNTHIA L KIDD 1530 DOLPHIN ST SARASOTA, FLA. 34236 <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	TRESURER ELAINE M KIDD 1530 DOLPHIN ST SARASOTA, FLA 34236 <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	
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: 			Date 4-30-05 Daytime Phone # 941 9545444		

