2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002103

1. Entity Name
KANNER INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
815 COLORADO AVE. SUITE 101 STUART, FL 34994	815 COLORADO AVE. SUITE 101 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01302004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0888709	Not Applicable

5. Certificate of Status Desired   X   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JAMES C
815 COLORADO AVE. SUITE 101
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2004

U00000041062
02/09/04-80072-017 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MORGAN, JAMES C
STREET ADDRESS	815 COLORADO AVE. SUITE 101
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: X _____   2-9-04   772 286-6292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #