


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002902</b> 1. Entity Name KOSTKA, L.L.C.	
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Principal Place of Business 4475 US 1 SOUTH, #503 ST AUGUSTINE, FL 32086	Mailing Address 4475 US 1 SOUTH, #503 ST AUGUSTINE, FL 32086
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04022004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3576682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSTKA, GREGORY L 4475 US 1 SOUTH #503 ST AUGUSTINE, FL 32086
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U4/U8/U4-80025-U09 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/6/04 (904) 797-5116  
Date Daytime Phone #