

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90230 045 ****50.00

DOCUMENT # L99000003631 1. Entity Name KARROG, LLC			
Principal Place of Business 77 WHITES PLACE GENEVA, NY 14456		Mailing Address 77 WHITES PLACE GENEVA, NY 14456	
2. Principal Place of Business 4641 WHITES PT Suite, Apt. #, etc.		3. Mailing Address 4641 WHITES PT Suite, Apt. #, etc.	
City & State GENEVA, NY Zip 14456 Country		City & State GENEVA NY Zip 14456 Country	
4. FEI Number 59-3617577		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH ESQ. 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE, FL 32256-1813		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KJAR, ROGER B 129 ARMSTRONG RD. GENEVA, NY 14456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	229 ARMSTRONG RD GENEVA, NY 14456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS, CAROL 77 WHITES PT GENEVA, NY 14456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4641 WHITES PT GENEVA, NY 14456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: Carol L. Dennis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		01-19-04 <small>Date Daytime Phone #</small>	