


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90213 021 ***150.00

DOCUMENT # M02000000356		
1. Entity Name KB LAND ASSOCIATES, LLC		
Principal Place of Business 824 MARKET ST., STE. 900 WILMINGTON, DE 19801	Mailing Address 824 MARKET ST., STE. 900 WILMINGTON, DE 19801	



01082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3597828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SJ LAND ASSOCIATES, LLC 824 MARKET ST. STE 900 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President H. Vaughan Blaxter 1900 Grant Building, Pgh., PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph G. Petak 1900 Grant Building, Pgh., PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark M. Poljak Vice President 1900 Grant Building, Pgh., PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Eric C. Johnson 1900 Grant Building, Pgh., PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol J. Cusick-Riley 1900 Grant Building, Pgh., PA 15219

**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

Mark M. Poljak Mark M. Poljak

Date

1-28-04

Daytime Phone #