2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003472

1. Entity Name
KILLARNEY VILLAGE LLC

Principal Place of Business	Mailing Address
7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001	7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001

DO NOT WRITE IN THIS SPACE

01282004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
42-6632022		Not Applicable
5. Certificate of Status Desired	☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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

U00000068674
02/27/04-80050-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THE GERTRUDE FEIL MARITAL TRUST
STREET ADDRESS	7 PENN PLAZA, SUITE 618
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____   2/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #