


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000004329 1. Entity Name KVH ASSOCIATES, LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 19893 LAKEVIEW DR LAWRENCEBURG, IN 47025 | Mailing Address 19893 LAKEVIEW DR LAWRENCEBURG, IN 47025 |
|--|--|



02052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FE# Number 32-0071384 | 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 KOHLHAAS, MICHAEL 9604 S.W. 35TH LANE GAINESVILLE, FL 32608 |
|--|

| |
|---------------------------------------|
| 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 _____ (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, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOHLHAAS, ALAN 19893 LAKEVIEW DR LAWRENCEBURG, IN 47025 |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|--|
| <p>U000000223341 02/10/05-80042-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|--|

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan Kohlhaas Alan Kohlhaas mgr 2-6-05 812-532-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #