

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000210

1. Entity Name
KITE DAYTONA, L.L.C.



Principal Place of Business
30 SOUTH MERIDIAN STREET
STE 1100
INDIANAPOLIS, IN 46204

Mailing Address
30 SOUTH MERIDIAN STREET
STE 1100
INDIANAPOLIS, IN 46204



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
35-2039567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN H ESQ.
1702 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

**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**

U00000120935

04/20/04-80028-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KITE, PAUL W
30 SOUTH MERIDIAN STREET #1100
INDIANAPOLIS, IN 46204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KITE, JOHN A
30 SOUTH MERIDIAN STREET #1100
INDIANAPOLIS, IN 46204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KITE, ALVIN E
30 SOUTH MERIDIAN STREET #1100
INDIANAPOLIS, IN 46204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

John A. Kite, Managing Member

04-13-04

317-577-5600