



2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <i>W7/30</i> 99 JUL 30 PM 12:16 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M98000000956		1a. Principal Place of Business Address <i>816 Pitch Apple Ln</i> <del>1598 LAKEWOOD COURT</del> <del>LEXINGTON KY 40502</del> <i>NAPLES FL 34108</i>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/26/1998	
City & State		City & State		4. FEI Number	
Zip		Country		61-1307055	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				58.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		
			Zip Code		
			FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NEAD, ROBERT C JR	<i>816 Pitch Apple Ln</i> <del>31 DEERFOOT</del>		<i>NAPLES, FL 34108</i> <del>STEAMBOAT SPRINGS, CO</del>	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Robert Nead</i>  <i>June 21 1999</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date: _____ Day: _____ Phone: _____					

**KUCO MANAGEMENT LLC  
816 PITCH APPLE LANE  
NAPLES, FL 34108**

**FILED**  
99 JUL 30 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

July 26, 1999

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

As per our conversation, this is the only notice that KUCO Management LLC received. The enclosed check consists of the following:

\$100.00 for annual report  
\$ 88.75 corporation supplemental fee  
\$ 8.75 certificate of status desired

Sincerely,



Robert Nead,  
Member