## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 03, 2006 08:00 AM Secretary of State DOCUMENT # L02000007877 1. Entity Name KM INVESTMENTS, LLC Principal Place of Business Mailing Address 972 EVERGREEN DRIVE 972 EVERGREEN DRIVE DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 65-0686160 Not Applicable Ζφ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, KAYWIN L Street Address (P.O. Box Number is Not Acceptable) 972 EVERGREEN DRIVE DELRAY BEACH FL 33483 City Zip Code 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. Suprofilire Typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Detete TITLE ☐ Change Additio NAME MARTIN, KAYWIN L NAME STREET ADDRESS 972 EVERGREEN DR STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-7IP 05/19/06-80055-009050gg 🗀 🖾 Detete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add:::.. TITLE Delete HILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 3110 Change | Addsh. NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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.

**FILED**