

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034326 1. Entity Name KMR GROUP, LLC	
---	---

Principal Place of Business 1500 MICCOSUCKEE TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 20438 TALLAHASSEE, FL 32316	BK
--	--	----

DO NOT WRITE IN THIS SPACE

FILED
07 APR 26 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0144003	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309

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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, JOSH 1136 GATESHEAD CIR TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEROY ROWE JR, TRUSTEE-REVOCABLE LIVING TR 8845 GLEN ABBEY DR, TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDDLETON, GARY 3028 ELMWOOD DR. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANAUSA, JOE 3065 CARLOW CIR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, ROBERT 990 OLD FARM RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, ADAM 3508 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309

BK 800101704728 05/07/07--01022--011 **50.00 DO NOT WRITE IN THIS SPACE
--

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.
--

SIGNATURE: 	4/26/07	850-528-1393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #