2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011160

1. Entity Name

K.M.P. PROPERTIES, L.L.C.



FILED
Feb 06, 2004 08:00 AM
Secretary of State

Principal Place of Business

1815 KANNER HWY. STUART, FL 34997 Mailing Address

1815 KANNER HWY. STUART, FL 34997



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1049217

S. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered	Agent signature required when reinstating)	DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	DAYTON, PETER M			U00000 03828 0	
STREET ADDRESS	815 KANNER HWY.			02/06/04-80131-018 50.00	
CITY-ST-ZIP	STUART, FL 34997	<u>,</u>			
TITLE	MGRM				
NAME	CLOUSER, J. KENTON				
STREET ADDRESS	815 KANNER HWY.				
CITY-ST-ZIP	STUART, FL 34997	gappage - J			
TITLE	MGRM				
NAME	HOCHMAN, MICHAEL H				
STREET ADDRESS	815 KANNER HWY.		D0	MOT MOITE	
CITY-ST-ZIP	STUART, FL 34997		טע	NOT WRITE	

11. I hereby certify that the information supposed 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/04 772-244 40/06/1

Date

IN THIS SPACE

Daylime Phone #