

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90046 023 \*\*\*\*50.00

**DOCUMENT # L00000011160**

1. Entity Name  
K.M.P. PROPERTIES, L.L.C.



Principal Place of Business

1815 KANNER HWY.  
STUART, FL 34997

Mailing Address

1815 KANNER HWY.  
STUART, FL 34997



02022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1049217

Applied For  
Not Applicable

5. 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**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAYTON, PETER M  
815 KANNER HWY.  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLOUSER, J. KENTON  
815 KANNER HWY.  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOCHMAN, MICHAEL H  
815 KANNER HWY.  
STUART, FL 34997

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:** \_\_\_\_\_

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

Date

Daytime Phone #

2/23/05 772-280-2992