2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011160

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

Principal Place of Business	Mailing Address
1815 KANNER HWY. STUART, FL 34997	1815 KANNER HWY. STUART, FL 34997

DO NOT WRITE IN THIS SPACE

03232006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000502425
04/25/06-80103-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DAYTON, PETER M
STREET ADDRESS	815 KANNER HWY.
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGRM
NAME	CLOUSER, J. KENTON
STREET ADDRESS	815 KANNER HWY.
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGRM
NAME	HOCHMAN, MICHAEL H
STREET ADDRESS	815 KANNER HWY.
CITY-ST-ZIP	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 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: _____ J.K. Clouser 3/27/06 772/288-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #