

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000016048

1. Entity Name
KM COMMUNICATIONS, LLC



Principal Place of Business

8093 VILLA DR
ORLANDO, FL 32836

Mailing Address

8093 VILLA DR
ORLANDO, FL 32836

FILED
Mar 23, 2005 08:00 AM
Secretary of State



03152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3742220

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLANE, KATHLEEN A
8093 VILLA DRIVE
ORLANDO, FL 32836

**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	MGR
NAME	MCLANE, KATHLEEN A
STREET ADDRESS	8093 VILLA DR.
CITY- ST- ZIP	ORLANDO, FL 32836

TITLE	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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03/23/05-80049-017 55.00

**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)(f), 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 #

Kathleen A. McLane Kathleen A. McLane 3/21/05 407-345-7997