


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000001290	
1. Entity Name KMC GROUP, L.L.C.	

Principal Place of Business 1496 PINE STREET NICEVILLE, FL 32578	Mailing Address PO BOX 5010 NICEVILLE, FL 32578
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01192005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3701267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MCGINNIS, ALLEN RAY 1496 PINE STREET NICEVILLE, FL 32578
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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02/01/05-80005-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGINNIS, ALLEN ROY 1496 PINE STREET NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOULISIS, CHRISTO W MD 1496 PINE STREET NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDET, ALFRED MD 1496 PINE STREET NICEVILLE, FL 32578
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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:** Allen Ray McGinnis Allen Ray McGinnis MGRM 1/27/05 850-897-4004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #