

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003554	
1. Entity Name KM ANT PRO, LLC	

Principal Place of Business 312 LIME DRIVE NOKOMIS, FL 34275	Mailing Address 312 LIME DRIVE NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1083617	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KUPFER, KENNETH 312 LIME DRIVE NOKOMIS, FL 34275	
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUPFER, KENNETH J 312 LIME DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMANNUS, ROBERT E 5940 PLOVER RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: ROBERT E MCMANNUS *Robert E McManus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/05 941-485-5797
Date Daytime Phone #