


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000025371		
1. Entity Name KM PROPERTIES OF GAINESVILLE, LLC		
Principal Place of Business 500 NW 101 STREET GAINESVILLE, FL 32607	Mailing Address 500 NW 101 STREET GAINESVILLE, FL 32607	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRISTOFF, KARL 500 NW 101 STREET GAINESVILLE, FL 32607		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 <u>Karl Kristoff</u> 2-6-07 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2007 <i>Managing agent for KM Pro LLC.</i>		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTOFF, KARL 500 N.W. 101 ST. GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADZISZWESKI, MAREK 324 S. CHESTER AVE. PARK RIDGE, IL 60068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Karl Kristoff</u> 2-6-07 (352) 332-5030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small> <i>Managing Member</i>		



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2069850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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02/16/07-80023-002 55.00