


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90180 019 ****50.00

DOCUMENT # L02000027842

1. Entity Name
KMA HOLDINGS LLC



Principal Place of Business Mailing Address

**545 DELANEY AVENUE
 BUILDING 8
 ORLANDO, FL 32801 US**

**PO BOX 135715
 CLERMONT, FL 34713-5715 US**

20010582



DO NOT WRITE IN THIS SPACE

01302005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
06-1687974 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AUSTON, MICHAEL
 545 DELANEY AVENUE
 BUILDING 8
 ORLANDO, FL 32801**

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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 re-registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTON, MICHAEL 545 DELANEY AVENUE, BUILDING 8 ORLANDO, FL 32801
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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:  **MICHAEL D. AUSTON** Date: **2/14/05** Daytime Phone #: **4073974256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE