

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032327

1. Entity Name
K.N.M. PROPERTIES, L.L.C.



Principal Place of Business
1001 ADMIRAL'S WALK
VERO BEACH, FL 32963

Mailing Address
1001 ADMIRAL'S WALK
VERO BEACH, FL 32963



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1668317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONRADO, MARY ANN
1001 ADMIRAL'S WALK
VERO BEACH, FL 32963

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONRADO, JOSE L
1001 ADMIRAL'S WALK
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONRADO, MARY ANN
1001 ADMIRAL'S WALK
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OTTUSO, PATRICK
1350 - PAITRAS DR
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OTTUSO, NAOMI
1350 - PAITRAS DR
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FULCHINI, GERARDO
1015 ADMIRAL'S WALK
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FULCHINI, KAREN
1015 ADMIRAL'S WALK
VERO BEACH, FL 32963

000000178397
01/12/05-80026-006 50.00

**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)(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: *Mary Ann Conrado*

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

Date

Daytime Phone #

1-10-05 772-231-5837