


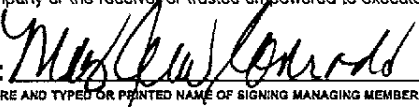


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 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		
DO NOT WRITE IN THIS SPACE			
		01042006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 06-1668317	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE	
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		
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: 		1/4/06	722-231-5837
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>