

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 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



01072007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

U000000589664
01/18/07-80024-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONRADO, JOSE L
STREET ADDRESS	1001 ADMIRAL'S WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	CONRADO, MARY ANN
STREET ADDRESS	1001 ADMIRAL'S WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	OTTUSO, PATRICK
STREET ADDRESS	1350 - PAITRAS DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	OTTUSO, NAOMI
STREET ADDRESS	1350 - PAITRAS DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	FULCHINI, GERARDO
STREET ADDRESS	1015 ADMIRAL'S WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	FULCHINI, KAREN
STREET ADDRESS	1015 ADMIRAL'S WALK
CITY-ST-ZIP	VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1-10-07 772 2315837