

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90047 045 ****50.00

DOCUMENT # L02000032327

1. Entity Name

K.N.M. PROPERTIES, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 Admirals Walk

3. Mailing Address

1001 Admirals Walk

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Vero Beach Florida

City & State
Vero Beach, Florida

4. FEI Number
06-166 8317

Applied For

Not Applicable

Zip
32963

Country
USA

Zip
32963

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARYANN CONRADO

Street Address (P.O. Box Number is Not Acceptable)

1001-Admirals Walk

City

Vero Beach

FL

Zip Code

32963

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jose L. Conrado 1001 Admirals Walk Vero Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MaryAnn Conrado 1001-Admirals Walk Vero Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patrick Othuso 1350- Paitras Drive Vero Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Naomi Othuso 1350- Paitras Drive Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Karen Fulchini 1015- Admirals Walk Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gerald Fulchini 1015- Admirals Walk Vero Beach, FL 32963

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**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:

MaryAnn Conrado

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

2-18-03

Date

772-2315837

Daytime Phone #

CR2E083B (12/02)