

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90006 010 ****50.00

DOCUMENT # L02000034326

1. Entity Name
KMR GROUP, LLC



Principal Place of Business
1500 MICCOSUCKEE
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 20438
TALLAHASSEE, FL 32316



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0144003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, JQSH 1136 GATESHEAD CIR TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEROY ROWE JR, TRUSTEE-REVOCABLE LIVING TR 8845 GLEN ABBEY DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDDLETON, GARY 3028 ELMWOOD DR. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANAUSA, JOE 3065 CARLOW CIR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, ROBERT 990 OLD FARM RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, ADAM 3508 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309

**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:

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

Date

Daytime Phone #

4/28/04 850-222-9176