


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034326 1. Entity Name KMR GROUP, LLC	
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Principal Place of Business 1500 MICCOSUCKEE TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 20438 TALLAHASSEE, FL 32316	BK
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FILED
07 APR 26 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0144003	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 MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, JOSH 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

BK 800101704728 05/07/07--01022--011 **50.00 DO NOT WRITE IN THIS SPACE
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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.
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SIGNATURE: 	4/26/07	850-528-1393
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>