

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034326

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: KMR GROUP, LLC

**Current Principal Place of Business:**

1500 MICCOSUCKEE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20438  
TALLAHASSEE, FL 32316

**New Mailing Address:**

FEI Number: 30-0144003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KASPER, JOSH  
Address: 1136 GATESHEAD CIR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: LEROY ROWE JR, TRUSTEE-REVOCABLE LIVING TR  
Address: 8845 GLEN ABBEY DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: MIDDLETON, GARY  
Address: 3028 ELMWOOD DR.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: MANAUSA, JOE  
Address: 3065 CARLOW CIR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete  
Name: KASPER, ROBERT  
Address: 990 OLD FARM RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: KASPER, ADAM  
Address: 3508 WHIRLAWAY TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSH KASPER

MRRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date