LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/24/2003-90252-009-$50.00-$50.00

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DIVISION OF CORPORATIONS

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DOCUMENT # L02000034326

1. Entity Name

KMR GROUP, LLC

03 MAY -8 AM 10:57

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2. Principal Place of Business	3. Mailing Address
1500 Miccosukee	P.O. Box 20438
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fl.	City & State: Tallahassee, FLORIDA
Zip: 32301 Country: USA	Zip: 32316 Country: USA

4. FEI Number: 30-01-44003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Daniel Manausa

Street Address (P.O. Box Number is Not Acceptable): 3520 Thomasville Rd 4th Floor

City: Tallahassee FL Zip Code: 32309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	
NAME	LeRoy Rowe Jr. Trustee for the LeRoy Rowe Revocable Living Trust
STREET ADDRESS	8845 Glen Abbey Dr. MGRM
CITY-ST-ZIP	Tallahassee, fla 32312
TITLE	
NAME	Gary Middleton
STREET ADDRESS	3028 Elmwood Dr. MGRM
CITY-ST-ZIP	Tallahassee fla 32317
TITLE	
NAME	Joe MANAUSA
STREET ADDRESS	3065 CARLow Circle MGRM
CITY-ST-ZIP	Tallahassee fla 32309
TITLE	Manager
NAME	Josh Kasper
STREET ADDRESS	1136 Gateshead Circle
CITY-ST-ZIP	Tallahassee Fl. 32317
TITLE	
NAME	Robert Kasper
STREET ADDRESS	999 old Farm Rd MGRM
CITY-ST-ZIP	Tallahassee Fl. 32317
TITLE	
NAME	Adam Kasper
STREET ADDRESS	3508 Whirlaway Trail MGRM
CITY-ST-ZIP	Tallahassee Fl 32309

TITLE	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ 4/20/03 850-528-1898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #