


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90043 005 ****50.00

DOCUMENT # L03000003659 1. Entity Name KMS, L.L.C.					
Principal Place of Business PO BOX 868 OSPREY, FL 34229			Mailing Address PO BOX 868 OSPREY, FL 34229		
2. Principal Place of Business <i>P.O. Box 49586</i>		3. Mailing Address <i>P.O. Box 49586</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Sarasota Florida</i>		City & State <i>Sarasota Florida</i>		4. FEI Number 55-0817197	
Zip <i>34230</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR. % DUNLAP & MORAN, P.A. 22 SOUTH LINKS, SUITE 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLARD, KEVIN C 8317 EAGLE DRIVE SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, MARVIN PO BOX 868 OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marvin Kaplan P.O. Box 49586 Sarasota, FL 34230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRAL, SHAWN 4444 CENTER GOTE BLVD SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Marvin Kaplan</i> <i>3/16/05</i> <i>941-587-9000</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					