2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L03000003659

Entity Name: KMS, L.L.C.

Current Principal Place of Business:

PO BOX 49586
SARASOTA, FL 34230

New Principal Place of Business:

5309 29TH STREET EAST
ELLENTON, FL 34222

Current Mailing Address:

PO BOX 49586
SARASOTA, FL 34230

New Mailing Address:

5309 29TH ST. EAST
ELLENTON, FL 34222

FEI Number: 55-0817177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR.
% DUNLAP & MORAN, P.A.
22 SOUTH LINKS, SUITE 300
SARASOTA, FL 34236 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: MGR ( ) Delete
Name: MILLARD, KEVIN C
Address: 8317 EAGLE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete
Name: KAPLAN, MARVIN
Address: P.O. BOX 49586
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Delete
Name: CABRAL, SHAWN
Address: 4444 CENTER GATE BLVD
City-St-Zip: SARASOTA, FL 34233

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN CABRAL MGR 04/18/2007

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