

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L03000007221

1. Entity Name
K & M COMMERCIAL PROPERTIES, LLC



Principal Place of Business

1718 KENNEDY POINT
SUITE 1000
OVIEDO, FL 32765

Mailing Address

1718 KENNEDY POINT
SUITE 1000
OVIEDO, FL 32765



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4522857

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, W. JEFFREY ESQ
STEIN, SONNENSCHN, HOCHMAN & PEPPLER
1420 ALAFAYA TRAIL, STE. 101
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000900860
04/29/08-80046-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEAVER, KAREN L
STREET ADDRESS	766 SUMMER OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	WEAVER, MICHAEL S
STREET ADDRESS	766 SUMMER OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/08

4073664717