2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCLIMENT # L03000007828 1. Entity Name KMAN, LLC							I	Secretary of State				
Principal Place of Business 45 COQUINA LANE ENGLEWOOD FL 34223				Mailing Address 45 COQUINA LANE ENGLEWOOD FL 3423		-				-		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #. etc.				Suite, Apt #, etc.		MOORE CR2E083 (11/03)						
City & State				City & State		4. FEI Num	nber		ļ	olied For Applicable		
Zip	Country			Zip Count		itry	5. Certifica	ate of Status Desired		\$5.00 Addi Fee Required		
	6. Name	and Address of Curr	istered Agent	Name	7. Name a	nd Address of New I	Registered	i Agent				
TOMANY, MICHAEL A 45 COQUINA LANE						Street Address (P.O. Box Number is Not Acceptable)						
ENGLEWOOD FL 34223												
						City			F	L Zip Code		
8. The above the obligat	named entit tions of regisl	y submits this statemer tered agent.	nt for the	e purpose of changing its	register	ed office or registe	ered agent, or l	both, in the State of FI	orida Lan	n familiar with, a	and accept	
SIGNATURE	Signature, typed	or profed name of registered a	gent and t	de d'applicable. (NOTI	E Flegistere	d Agent signature require	ed when reinstating)		DATE	,		
			• • •	ļ		FEE IS \$50.00						
Make Check Payable to F						orida Departme	ent of State	Andrews and a second				
=	·			<u> </u>	e By Ma	ay 1, 2004						
9.	MGRM	MANAGING MEN	/BERS	/MANAGERS ☐ Delete			ADDITIONS	/CHANGE		€ A -1-200		
NAME STREET ADDRESS	TOMANY, MICHAEL A			NAM		3		U0000000 02/04/04-80	<u> </u>	Change	☐ Addition	
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY		-ST-ZIP		02704704-8t	ルンスとーし	US 5U.UU	· ·	
TITLE NAME	MGRM FREY, KENNETH G			☐ Delete RILE NAME		E				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	45 COQUINA LANE ENGLEWOOD FL 34223				- 1	ET ADDRESS -ST-ZIP						
TITLE NAME	MGRM FREY, NAI	NCY M		☐ Detete	THTE.	ž .		· ·		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-78P	45 COQUII ENGLEWO	NA LANE OOD FL 34223				ET AODRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	talah pari fisassonananan			Delete	•	}				Change	Addition	
THILE NAME STREET ADDRESS CHY-ST-78P				☐ Delete	3	1				Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	Addition	
11. I hereby of indicated limited lia	certify that the on this report bility compar	e information supplied of it is true and accurate any or the receiver or true	with this and that stee em	s filing does not qualify for t my signature shall have apowered to execute this	r the exe the same report as	mption stated in S e legal effect as if s required by Cha	lection 119.07(made under or pter 608, Florid	(3)(i), Florida Statutes, ath; that I am a mana la Statutes.	I further coging mem	ertify that the inl ber or manager	formation of the	

SIGNATURE: Machel & James 41 CHATZ Towning 1/34/04 339571-8239