

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90065 013 \*\*\*\*50.00

**DOCUMENT # L03000007828**

1. Entity Name  
**KMAN, LLC**



Principal Place of Business  
**45 COQUINA LANE  
ENGLEWOOD, FL 34223**

Mailing Address  
**45 COQUINA LANE  
ENGLEWOOD, FL 34223**

**20023570**



2. Principal Place of Business  
**3332 NE 33rd St**  
Suite, Apt. #, etc.

3. Mailing Address  
**3332 NE 33rd St**  
Suite, Apt. #, etc.

03272006 Chg-LLC CR2E083 (11/05)

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33308** Country  
**USA**

Zip  
**33308** Country  
**USA**

4. FEI Number  
**54-2103427**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TOMANY, MICHAEL A  
45 COQUINA LANE  
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name  
**Michael Tomany**

Street Address (P.O. Box Number is Not Acceptable)  
**3332 NE 33rd St.**

City  
**Ft. Lauderdale** State  
**FL** Zip Code  
**33308**

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 *Michael Tomany* (Signature, typed or printed name of registered agent and title if applicable) (NEVER Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREY, KENNETH G 45 COQUINA LANE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREY, NANCY M 45 COQUINA LANE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Michael Tomany* **3-28-06** **954-567-5775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #