2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000018483

1. Entity Name

K.M. GUARNERI, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

1933 DUNDEE DRIVE WINTER PARK, FL 32792 Mailing Address

1933 DUNDEE DRIVE WINTER PARK, FL 32792



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0836190

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CARLA DELOACH 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803

SIGNATURE:

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	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registored Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARNERI, KATHLEEN 1933 DUNDEE DRIVE WINTER PARK, FL 32792		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		1100000537898 05/09/06-80037-002 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated fimited fia.	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 11 hall have the same legal effect as if made under occure this report as required by Chapter 608, Florid	9, Fiorida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes. (407) 628-4596