


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019055</b>		
1. Entity Name KMJ PROPERTIES, LLC		
Principal Place of Business 9100 4TH ST. N. ST. PETERSBURG, FL 33702		Mailing Address 2431 DANA DR. SAFETY HARBOR, FL 34695
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BRACKETT, WESLEY E 2431 DANA DRIVE SAFETY HARBOR, FL 34695		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	
NAME	CONNOLLY, JOHN J	
STREET ADDRESS	681 TALLAHASSEE DRIVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	MGR	
NAME	BRACKETT, WESLEY E	
STREET ADDRESS	2431 DANA DR.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Wesley E Brackett</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



03282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
56-2363367

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000342265  
04/29/05-80049-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

4/26/05

Date

Daytime Phone #