


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90029 012 ****50.00

DOCUMENT # L03000022070	
1. Entity Name KM PROPERTIES OF VERO BEACH, LLC	

Principal Place of Business 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407	Mailing Address 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407
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20008539

2. Principal Place of Business - No P.O. Box # 7641 CENTRAL INDUSTRIAL DR Suite, Apt. #, etc.	3. Mailing Address 7641 CENTRAL INDUSTRIAL DR Suite, Apt. #, etc.
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City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL
Zip 33404	Country US

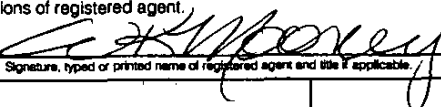
04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3093546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STANTON, ROGER C 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407	
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7. Name and Address of New Registered Agent Name W. K. MOONEY Street Address (P.O. Box Number is Not Acceptable) 7641 CENTRAL INDUSTRIAL DR City RIVIERA BEACH FL Zip Code 33404	
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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 	DATE 4/18/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOONEY, W.K. 4420 BEACON CIRCLE WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOONEY, HARRIET 4420 BEACON CIRCLE WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 606, Florida Statutes.

SIGNATURE:  4/18/07 561 042-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #