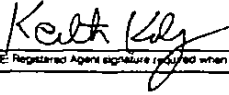


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/9/2004-90146-019-\$50.00-\$50.00

2004 DEC -7 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026069					
1. Entity Name K.M. SOLUTIONS, LLC					
Principal Place of Business 8807 N. RIVER ROAD TAMPA, FL. 33035			Mailing Address 8807 N. RIVER ROAD TAMPA, FL. 33035		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent NEIL S. SCHECHT, PA 3630 W. KENNEDY BLVD. TAMPA, FL 33609				7. Name and Address of New Registered Agent Name KEITH KABZA Street Address (P.O. Box Number is Not Acceptable) 8807 N. RIVER ROAD City Tampa FL 33035	
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 8/2/04					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KABZA, KEITH 2542 ESTANCIA BLVD. CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KABZA, Keith 8807 N. RIVER ROAD TAMPA, FL. 33035	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KABZA, KERRY 564 S. WASHINGTON NAPERVILLE, IL 60540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENNARO, DENNIS 12748 FARMHILL LANE PALOS PARK, IL 60464	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date 8/2/04 Daytime Phone 630-235-0708	