2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
2004 DEC -7 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026069

1. Entity Name
K.M. SOLUTIONS, LLC

07282004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
8807 N. RIVER ROAD TAMPA, FL. 33035	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

4. FEI Number 27-0069368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEIL S. SCHECHTMAN, PA 3630 W. KENNEDY BLVD. TAMPA, FL 33609	Name KEITH KABZA Street Address (P.O. Box Number is Not Acceptable) 8807 N. RIVER ROAD City TAMPA FL Zip Code 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 Keith Kabza 8/2/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GENNARO, DENNIS 12748 FARMHILL LANE PALOS PARK, IL 60464	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: KEITH KABZA Keith Kabza MGR 8/2/04 630-235-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #