


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026069 1. Entity Name K.M. SOLUTIONS, LLC	
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Principal Place of Business 8807 N. RIVER ROAD TAMPA, FL 33035	Mailing Address 8807 N. RIVER ROAD TAMPA, FL 33035
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04192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0069368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KABZA, KEITH 8807 N. RIVER ROAD TAMPA, FL 33035
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**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when resigning) DATE 4/20/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KABZA, KEITH 8807 N. RIVER ROAD TAMPA, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KABZA, KERRY 564 S. WASHINGTON NAPERVILLE, IL 60540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENNARO, DENNIS 12748 FARMHILL LANE PALOS PARK, IL 60464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80041-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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

4/20/05 630-235-0708
Date Daytime Phone #