## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Feb 07, 2005 08:00 AM

|  |   |  |                               |   | Countains of Ctat                              |
|--|---|--|-------------------------------|---|--|
| DOCUMENT # L03000055307  1. Entity Name KBM DEVELOPMENT, LLC   |   |  |                               | 56  | cretary of Stat                                |
| 2555 SE LE   | ce of Business ITHGOW STREET ICIE, FL 34952   | Mailing Address 2555 SE LEITHGOW STREET PORT ST. LUCIE, FL 34952 |                               | E COMMON AND RESIDE SHIPS ROOM RESIDENCE. | F MAINT SHINL KINGS INNY SERIA (KESENI NY JESA |
|  | 34.   |  |                               |   |  |
|  | O NOT WOITE   | IN THIS SDA  | CE.                           | 02042005 No Chg-LLC                       | CR2E083 (10/03)                                |
| DO NOT WRITE IN THIS SPA   |   |  | OL.                           | 4. FEI Number 20-0552006                  | Applied For Not Applicable                     |
|  |   |  |                               | 5. Certificate of Status Desired          | \$5.00 Additional Fee Required                 |
|  | 5. Name and Address of Current R  | egistered Agent  | -                             |   |  |
| CRARY, LAWRENCE E III<br>555 COLORADO AVENUE, SUITE 1<br>STUART, FL 34994  |   |  | DO NOT WRITE<br>IN THIS SPACE |   |  |
| !  |   | ÿ  |                               | Historian Company                         |  |
| 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  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<br>Due by May 1, 2005  |   |  | U00000218924<br>              |   |  |
| 9.   | MANAGING MEMBER   | S/MANAGERS   | [                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | LAVENTURE, KAREN J<br>2555 SE LEITHGOW STREET<br>PORT SAINT LUCIE, FL 34952           | - ·  |                               |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>LAVENTURE, RICHARD C<br>2555 SE LEITHGOW STREET<br>PORT SAINT LUCIE, FL 34952 |  |                               | -   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | <u></u>                       | DO NOT W                                  | RITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                               | IN THIS SP                                | ACE  |

and the second s 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.

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jann L. Javenture

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

Daytime Phone #

Karen J. Laventure