

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034699

Entity Name: KMA ENTERPRISES LLC

FILED  
Apr 11, 2008  
Secretary of State

**Current Principal Place of Business:**

545 DELANEY AVE  
BUILDING 8  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

2904 PADDINGTON WAY  
KISSIMMEE, FL 34747 US

**Current Mailing Address:**

PO BOX 135715  
CLERMONT, FL 34713 US

**New Mailing Address:**

FEI Number: 20-1130895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSTON, MICHAEL D  
545 DELANEY AVENUE  
BUILDING 8  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

AUSTON, MICHAEL D  
2904 PADDINGTON WAY  
KISSIMMEE, FL 34747 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/11/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUSTON, MICHAEL D  
Address: 2904 PADDINGTON WAY  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: AUSTON, ELAINE I  
Address: 2904 PADDINGTON WAY  
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELAINE I AUSTON

MGRM

04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date