

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State

04-19-2005 90029 008 ****50.00

DOCUMENT # L04000044380 1. Entity Name KGA PROPERTY MANAGEMENT, LLC					
Principal Place of Business 4906 W. BAY WAY PLACE TAMPA, FL 33629			Mailing Address 4906 W. BAY WAY PLACE TAMPA, FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602				Name Karen Altomose Street Address (P.O. Box Number is Not Acceptable) 4906 Bay Way Place W. City Tampa FL Zip Code 33629	
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 Karen Altomose (NOTE: Registered Agent signature required when re-registering) DATE 4/12/05					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Altomose ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Karen Altomose 4906 W. Bay Way PL Tampa FL 33629 ☐ 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	
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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: Karen Altomose Karen Altomose 4/12/2005 (813)286-2645 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30008555



04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1656008** Applied For ☐ Not Applicable

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