

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045241

1. Entity Name
KMTC, LLC



Principal Place of Business
1820 BROOKHAVEN DRIVE
SARASOTA, FL 34239

Mailing Address
1820 BROOKHAVEN DRIVE
SARASOTA, FL 34239



01072006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1265877 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PHILLIP L
1820 BROOKHAVEN DRIVE
SARASOTA, FL 34239

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

00000500178
04/25/06-80012-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FREEMAN, PHILLIP L
STREET ADDRESS	1820 BROOKHAVEN DRIVE
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	STRAMMER, ERIC E
STREET ADDRESS	1479 BAYSHORE DRIVE
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Phillip L. Freeman Phillip L. Freeman

3/3/06

(441) 365-5534

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

Title

Daytime Phone #