


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000045241<br>1. Entity Name<br>KMTC, LLC |  |
|--|---|

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|--|--|
| Principal Place of Business<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 | Mailing Address<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 |
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**DO NOT WRITE IN THIS SPACE**



|   |                                       |
|---|---------------------------------------|
| 01082007 No Chg-LLC                                       | CR2E083 (11/05)                       |
| 4. FEI Number<br>20-1265877                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>FREEMAN, PHILLIP L<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FREEMAN, PHILLIP L<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STRAMMER, ERIC E<br>1479 BAYSHORE DRIVE<br>ENGLEWOOD, FL 34223    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000683050  
04/11/07-80020-017 50.00

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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 Date: 1/8/07 Daytime Phone #: (941) 365-5534

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