


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000045241 1. Entity Name KMTC, LLC	
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Principal Place of Business 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239	Mailing Address 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



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

6. Name and Address of Current Registered Agent FREEMAN, PHILLIP L 1820 BROOKHAVEN DRIVE 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 NAME STREET ADDRESS CITY-ST- ZIP	MGRM FREEMAN, PHILLIP L 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM STRAMMER, ERIC E 1479 BAYSHORE DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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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