


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 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
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**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1265877	Applied For Not Applicable
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000844138  
 03/12/08-80024-002 138.75

**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 2/25/08 941.365.5534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #