




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90163 002 \*\*\*\*50.00

DOCUMENT # L04000045365					
1. Entity Name <b>KMRH, L.L.C.</b>					
Principal Place of Business <del>4318 SOUNDSIDE DRIVE</del> GULF BREEZE, FL <del>32563</del>		<i>Address Change</i>		Mailing Address <del>4318 SOUNDSIDE DRIVE</del> GULF BREEZE, FL <del>32563</del>	
2. Principal Place of Business - No P.O. Box # <i>406 Fairpoint Dr.</i>		3. Mailing Address <i>406 Fairpoint Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Gulf Breeze, FL</i>		City & State <i>Gulf Breeze, FL</i>			
Zip <i>32561</i>		Country		4. FEI Number <b>73-1708239</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  MILLER, STEPHEN K <del>4318 SOUNDSIDE DRIVE</del> GULF BREEZE, FL <del>32563</del>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>406 Fairpoint Dr.</i> City <i>Gulf Breeze</i> <b>FL</b> Zip Code <i>32561</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, STEPHEN K <del>4318 SOUNDSIDE DRIVE</del> GULF BREEZE, FL <del>32563</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>406 Fairpoint Dr.</i> <i>Gulf Breeze, FL 32561</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, STEPHEN K <del>4318 SOUNDSIDE DRIVE</del> GULF BREEZE, FL <del>32563</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>406 Fairpoint Dr.</i> <i>Gulf Breeze, FL 32561</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <i>3-19-07</i> Daytime Phone # <i>850-934-9451</i>		