
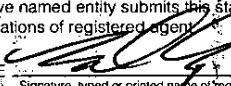
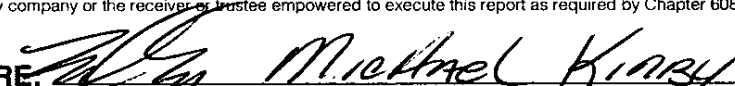


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90028 022 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L04000050651 1. Entity Name KBM DEVELOPMENT GROUP LLC | | | |  | |
| Principal Place of Business 200 SANDESTIN LANE #1001 DESTIN, FL 32550 | | | Mailing Address 200 SANDESTIN LANE #1001 DESTIN, FL 32550 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 71-0969084 Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KIRBY, MICHAEL 200 SANDESTIN LANE #1001 DESTIN, FL 32550 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILSTID, GENE 8850 GIBSON ROAD MOLINO, FL 32577 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWNING, WILLIAM R 71 AZURE PLACE DESTIN, FL 32550 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWNING, KIMBERLY K 71 AZURE PLACE DESTIN, FL 32550 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KIRBY, MICHAEL Q 200 SANDESTIN LANE #1001 DESTIN, FL 32550 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  Michael Kirby 1/10/05 850-622-0436 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |