


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000066104</b> 1. Entity Name KMC GROUP/M&Z DEVELOPMENT, LLC	
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Principal Place of Business 3105 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503	Mailing Address 3105 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0105764	Applied For Not Applicable
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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  M & Z DEVELOPMENT, INC. C/O STEVEN SMITH 4300 BAYOU BOULEVARD PENSACOLA, FL 32503
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>Filing Fee is \$50.00 Due by May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KMC GROUP, LLC C/O ALLEN RAY MCGINNIS 1496 PINE STREET NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M & Z DEVELOPMENT, INC. C/O STEVEN SMITH 4300 BAYOU BOULEVARD, STE. 15 PENSACOLA, FL 32503
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U000000550912  
05/13/06-80079-019 50.00

**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.

<b>SIGNATURE:</b>  <b>Steven Smith</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<b>4/26/06</b> Date	<b>850-434-3124</b> Daytime Phone #
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