

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069625

FILED  
Jan 18, 2006  
Secretary of State

**Entity Name:** KMTM ENTERPRISES "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

2043 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2043 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DOUGLAS S CPA  
1497 NW 16 AVENUE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, D KURT  
Address: 2043 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Delete  
Name: JONES, MISTY  
Address: 2043 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D KURT JONES

MGR

01/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date