

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90103 016 \*\*\*\*55.00

<b>DOCUMENT # L04000088276</b> 1. Entity Name <b>K &amp; M DEVELOPMENT, LLC</b>					
Principal Place of Business <b>4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>			Mailing Address <b>4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>POB 187</b> Suite, Apt. #, etc.			
City & State <b>Cocoa FL</b>		4. FEI Number <b>20-2091913</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>			
Zip <b>32923-0187</b>	Country <b>US</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LAGGES, KYRIACOS J 4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name <b>Bennett, Keith</b> Street Address (P.O. Box Number is Not Acceptable) <b>Retail Site Mgmt Co 633 Brevard Ave.</b> City <b>Cocoa</b> <b>FL</b> <b>32922</b>		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>31 Jan 05</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</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 LAGGES, KYRIACOS J 4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGGES, MARIANTHI 4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
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			
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: <u><i>[Signature]</i></u>		Date <u>31 Jan 05</u> (321) 635-9400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					