FILED
May 11, 2006 8:00 am
Secretary of State

04-20-2006 90033 008 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088276

1. Entity Name
K & M DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931	POB 187 COCOA, FL 32923-0187

04062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	4903 N. Banana River Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cocoa Beach FL
Zip / Country	Zip: 32931 / Country: US

4. FEI Number: 20-2091913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, KEITH RETAIL SITE MGMT CO 633 BREVARD AVE COCOA, FL 32922	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: KYRIACOS LAGGES [signature] 4-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAGGES, MARIANTHI 4903 N. BANANA RIVER BLVD. COCOA BEACH, FL 32931 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 [signature] 5-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #