

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000020966

1. Entity Name
KMS PROPERTIES SOUTH, L.L.C.



Principal Place of Business
22053 LITTLE BROOK WAY
STRONGSVILLE, OH 44149

Mailing Address
22053 LITTLE BROOK WAY
STRONGSVILLE, OH 44149



04132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1924590

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASPER, JAMES L
735 BAYSIDE DR
TARPON SPRINGS, FL 34689

**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 _____

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, 2007**

000000719283
05/01/07-80058-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHMITT, MICHAEL P
STREET ADDRESS	22053 LITTLE BROOK WAY
CITY - ST - ZIP	STRONGSVILLE, OH 44149

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-07

Date

440-238-7087

Daytime Phone #