


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90025 029 ****50.00

DOCUMENT # L05000028891 1. Entity Name KKCM GROUP, LLC					
Principal Place of Business 975 6TH AVENUE STE 200 NAPLES, FL 34102			Mailing Address 975 6TH AVENUE STE 200 NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1743637	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRUCHTEN, DEMIAN M 975 6TH AVENUE STE 200 NAPLES, FL 34102				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) 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	MGRM KRUCHTEN, DEMIAN M 975 6TH AVENUE NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUCHTEN, K. PATRICK PENTHOUSE ONE, 140 PALM STREET MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTENEGRO, CALIXTO 800 5TH AVE. SOUTH, STE. 203 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Demian M. Kruchten</i> 04-20-06 (239) 775-8962 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

20044472

KKCM GROUP, LLC

975 Sixth Avenue So., Suite 200
Naples, Florida 34102-6753

April 20, 2006

Division of Corporations
Florida Department of State
P. O. Box 6198
Tallahassee, Florida 32314

Re: Document #L05000028891
KKCM Group, LLC

To Whom It May Concern:

Enclosed is check #1039 in the amount of \$50 for the 2006 annual report filing fee for KKCM Group, LLC.

If you have any questions or comments, please feel free to call our office at (239) 775-8962.

Sincerely,

Susan Bill

Susan J. Bill

Copy: A/P File

Telephone: (239) 775-8962 FAX: (239) 793-6971