

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042668

Entity Name: KMH PROPERTIES, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

308 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 770669
WINTER GARDEN, FL 34777

New Mailing Address:

FEI Number: 20-2760765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, JOHN R
332 WEST TILDEN STREET
WINTER GARDEN, FL 34787 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: MGRM () Delete
Name: KIRBY, JOHN R
Address: 332 WEST TILDEN STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: MACIEL, MARK A
Address: 12525 WESTFIELD LAKE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: HUBBARD, STEVEN P
Address: PO BOX 1459
City-St-Zip: MT. DORA, FL 32756

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HUBBARD, KATHERINE E
Address: PO BOX 1459
City-St-Zip: MT. DORA, FL 32756

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: JOHN KIRBY

MGRM

01/19/2007

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