

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90076 006 \*\*\*\*50.00

DOCUMENT # L05000049885

1. Entity Name  
**K & M OF FLAGLER COUNTY, LLC**



Principal Place of Business  
**290 CYLDE MORRIS BLVD., SUITE B-2  
 ORMOND BEACH, FL 32174**

Mailing Address  
**290 CYLDE MORRIS BLVD., SUITE B-2  
 ORMOND BEACH, FL 32174**



2. Principal Place of Business - No P.O. Box #  
**1890 LPGA Blvd**  
 Suite, Apt. #, etc.  
**Suite 230**  
 City & State  
**Daytona Beach FL**  
 Zip  
**32117** Country  
**USA**

3. Mailing Address  
**1890 LPGA Blvd**  
 Suite, Apt. #, etc.  
**Suite 230**  
 City & State  
**Daytona Beach, FL**  
 Zip  
**32117** Country  
**USA**

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR**  Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent  
**RUST, JAMES W D.P.M.**  
**290 CYLDE MORRIS BLVD., SUITE B-2**  
**ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent  
 Name  
**Rust James**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1890 LPGA Blvd**  
**Suite 230**  
 City  
**Daytona Beach, FL** Zip Code  
**32117**

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 *James W. Rust* DATE 4-27-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUST, JAMES W D.P.M. 290 CYLDE MORRIS BLVD., SUITE B-2 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, ANDREW B D.P.M. 290 CYLDE MORRIS BLVD., SUITE B-2 ORMOND BEACH, FL 32174 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rust, James 1890 LPGA Blvd Suite 230 Daytona Beach FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Green, Andrew 1890 LPGA Blvd Suite 230 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James W. Rust* DATE 4-27-07 386-589-4372  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #