


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000049885</b>	
1. Entity Name <b>K &amp; M OF FLAGLER COUNTY, LLC</b>	

Principal Place of Business <b>290 CYLDE MORRIS BLVD., SUITE B-2 ORMOND BEACH, FL 32174</b>	Mailing Address <b>290 CYLDE MORRIS BLVD., SUITE B-2 ORMOND BEACH, FL 32174</b>
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2. Principal Place of Business - No P.O. Box # <b>1890 LPGA Blvd</b> Suite, Apt. #, etc. <b>Suite 230</b> City & State <b>Daytona Beach FL</b> Zip <b>32117</b> Country <b>USA</b>	3. Mailing Address <b>1890 LPGA Blvd</b> Suite, Apt. #, etc. <b>Suite 230</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country <b>USA</b>
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04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent <b>RUST, JAMES W D.P.M. 290 CYLDE MORRIS BLVD., SUITE B-2 ORMOND BEACH, FL 32174</b>	
7. Name and Address of New Registered Agent Name <b>Rust James</b> Street Address (P.O. Box Number is Not Acceptable) <b>1890 LPGA Blvd</b> <b>Suite 230</b> City <b>Daytona Beach, FL</b> Zip Code <b>32117</b>	

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)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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 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 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	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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