

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071939

Entity Name: K.S.MANAGEMENT,LLC

FILED
Feb 11, 2007
Secretary of State

Current Principal Place of Business:

455 ROBIN HOOD CIRCLE
UNIT #201
NAPLES, FL 34104

Current Mailing Address:

455 ROBIN HOOD CIRCLE
UNIT #201
NAPLES, FL 34104

New Principal Place of Business:

1445MARIPOSA CIRCLE
UNIT #201
NAPLES, FL 34105

New Mailing Address:

1445 MARIPOSA CIRCLE
UNIT #201
NAPLES, FL 34105

FEI Number: 42-1679435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOERKE, KIMBERLY S
455 ROBIN HOOD CIRCLE
UNIT #201
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MOERKE, KIMBERLY S
1445 ROBIN HOOD CIRCLE
UNIT #201
NAPLES, FL 34105 US

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:

02/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOERKE, KIMBERLY S MRS
Address: 455 ROBIN HOOD CIRCLE #201
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOERKE, KIMBERLY S MRS
Address: 1445MARIPOSA CIRCLE #201
City-St-Zip: NAPLES, FL 34105

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: KIMBERLY MOERKE

MGRM

02/11/2007

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