

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000074080

Entity Name: KMI, LLC

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

2160 ROCCO LANE
DELAND, FL 32724

New Principal Place of Business:

111 N. ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801

Current Mailing Address:

2160 ROCCO LANE
DELAND, FL 32724

New Mailing Address:

P.O. BOX 472
ORLANDO, FL 32802

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELL LEGAL
700 W. GRANADA BOULEVARD, SUITE 107
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SHAMS, MAURICE
111 N. ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801 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: MAURICE SHAMS

05/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SM1, LLC,
Address: 2160 ROCCO LANE
City-St-Zip: DELAND, FL 32724

Title: MGRM (X) Delete
Name: EMERALD CUSTOM CONST, RUCTION, INC.
Address: 2160 ROCCO LANE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IVANHOE CENTRAL, LLC,
Address: 111 N. ORANGE AVE., SUITE 1200
City-St-Zip: ORLANDO, FL 32801

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

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: MAURICE SHAMS

MGRM

05/24/2006

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