


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90434 032 \*\*\*\*50.00

<b>DOCUMENT # L05000084748</b>	
1. Entity Name <b>KYMAT PROPERTIES, LLC</b>	

Principal Place of Business <b>1880 8TH COURT S.W. VERO BEACH FL 32962</b>	Mailing Address <b>1880 8TH COURT S.W. VERO BEACH FL 32962</b>
---	---



2. Principal Place of Business - No P.O. Box # <b>9045 Americana Way</b>	3. Mailing Address <b>4412 5th Place S.W.</b>
Suite, Apt. #, etc. <b>Suite 28</b>	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>Vero Beach, FL.</b>	City & State <b>Vero Beach, FL.</b>
Zip <b>32966</b>	Zip <b>32968</b>
Country	Country

4. FEI Number <b>20-3486167</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>KIRK, WILLIAM N ESQ. 979 BEACHLAND BLVD. VERO BEACH FL 32963</b>
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 _____	(NOTE: Registered Agent signature required when registering)	DATE _____
-----------------	--	------------

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b></p>		
--	--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<p><b>P</b> <input type="checkbox"/> Delete</p> <p><b>WINDLAN, CHRISTOPHER</b></p> <p><b>1880 8TH CT SW</b></p> <p><b>VERO BEACH FL 32962</b></p>
TITLE NAME STREET ADDRESS CITY ST ZIP	<p><b>VP</b> <input type="checkbox"/> Delete</p> <p><b>WINDLAN, MONICA</b></p> <p><b>1880 8TH CT SW</b></p> <p><b>VERO BEACH FL 32962</b></p>
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	<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
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 Section 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: <u>Monica Windlan</u> <b>Monica Windlan</b> <b>03-15-07</b> <b>(772) 633-1485</b>
<p align="center">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p> <p align="right">Date Daytime Phone #</p>