

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094358

Entity Name: KMA DEVELOPMENT, LLC

FILED  
May 04, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 706  
TRILBY, FL 33593

## New Principal Place of Business:

37517 CLINTON AVENUE  
DADE CITY, FL 33255

## Current Mailing Address:

P.O. BOX 706  
TRILBY, FL 33593

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PATTERSON, GLORIA G  
19519 EQUESTRIAN LANE  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PATTERSON, GLORIA G  
Address: P.O. BOX 706  
City-St-Zip: TRILBY, FL 33593

Title: MGRM ( ) Delete  
Name: ETHERIDGE, MICHAEL E  
Address: 37517 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM ( ) Delete  
Name: AKINS, PAUL T JR  
Address: 19519 EQUESTRIAN LANE  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM ( ) Delete  
Name: AKINS, SHEREE P  
Address: 6242 GALL BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

## ADDITIONS/CHANGES:

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

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

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

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: PAUL T. AKINS, JR.

MGRM

05/04/2006

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