2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jan 22, 2007 8:00 am Secretary of State

DOCUMENT # LU5000095963 1. Entity Name KM KATZ, LLC						01-22-2007 90144 042 ****50.00			
Principal Place of Business 820 QUAIL LAKE CIRCLE COLORADO SPRINGS, CO 80906		Mailing Address 820 QUAIL LAKE CIRCLE COLORADO SPRINGS, CO 80906			6000 171 171 171 171 171 171 171 171 171 171		1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[2]	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Numb 20-368			<u> </u>	pplied For at Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		.00 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Age	nt	
				Name					
BARKLEY, RICHARD 409 KNOTWOOD LANE NAPLES, FL 34112-7247			Street Add	ress (P.O. Box Numb	ss (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	Đ
	named entity submits this statement for	r the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of Flo		iliar with,	and accept
SIGNATURE .									
••••	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Hegistered	d Agent signature	required when reinstating)		DATE	a a	
Fi	Signeture, typed or printed name of registered agont liting Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE	: Registered	d Agent signeture i	required when reinstating)		e check pays Department		9
Fi Di	iling Fee is \$50.00		Flogistered	d Agent signeture i	required when reinstating)		e check paya a Department		Ð
9. ITILE	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.			Florida ADDITIONS/	e check pays a Department CHANGES	of State	Addition
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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 ceth; 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: KOLTYPED OR PRINTED LANE OF SIGNING MANAGED MEMBER, SLANAGER, OR AUTHORIZED REPRESENTATIVE