
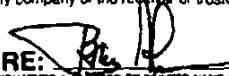


FILED
Jun 09, 2006 8:00 am
Secretary of State

04-28-2006 90026 007 ****55.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000105380			
1. Entry Name KTSOTUMF, LLC			
Principal Place of Business 2907 BAY TO BAY BOULEVARD SUITE 212 TAMPA, FL 33629		Mailing Address 2907 BAY TO BAY BOULEVARD SUITE 212 TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address 701 S. Howard Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 106, Box 499	
City & State		City & State Tampa, Florida	
Zip	Country	Zip	Country
33606	USA	33606	USA
4. FEI Number		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGINTY, A. EDWARD SHUMAKER LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABELES, BRIAN 2907 BAY TO BAY BOULEVARD, SUITE 212 TAMPA, FL 33629 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 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 606, Florida Statutes.			
SIGNATURE: 		Date 4-21-2006 (813) 221-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT



EVEREST

VENTURE GROUP, INC.

*DEDICATED TO BRINGING CLARITY & DIGNITY TO THE COMPLEX
DISABILITY INSURANCE & BENEFITS PROCESS*

300/10029
#L05000105380

TRANSMITTAL MEMORANDUM

SUBJECT: KTSOTUMF, LLC

RE: FEI NUMBER

DATE: June 7, 2006

CONFIDENTIAL

CONFIDENTIAL

To Whom It May Concern:

We are in receipt of the Division Of Corporation letter dated May 8, 2006 requesting that we complete Block 4 under our 2006 Limited Liability Company Annual Report. We reason we are submitting the Annual Report at the last minute is due to the fact that we waiting for our FEI Number and unfortunately to date we have not received it therefore the box beside FEI Number is marked as Applied For.

Should any questions arise regarding this matter, please feel free to contact Brian Abeles at (813) 221-4000 Ext. 207.

Regards,

Brian Abeles

CONFIDENTIALITY NOTICE

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, AS LISTED ABOVE YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELEFAX IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE.