


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**


04-24-2006 90060 047 \*\*\*\*50.00

|                                  |   |
|----------------------------------|---|
| <b>DOCUMENT # L05000113950</b>   |  |
| 1. Entity Name<br>KM AGRICO, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>312 LIME DRIVE<br>NOKOMIS, FL 34275 | Mailing Address<br>312 LIME DRIVE<br>NOKOMIS, FL 34275 |
|--|--|

|                                |                     |                    |         |
|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business |                     | 3. Mailing Address |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |                    |         |
| City & State                   |                     | City & State       |         |
| Zip                            | Country             | Zip                | Country |

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04032006 Chg-LLC CR2E083 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br>20-3857888  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent<br>KUPFER, KENNETH J<br>312 LIME DRIVE<br>NOKOMIS, FL 34275 |  | 7. Name and Address of New Registered Agent        |          |
|   |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                   |                                 |  | 10. ADDITIONS/CHANGES |  |                                 |                                   |
|------------------------------|-------------------|---------------------------------|--|-----------------------|--|---------------------------------|-----------------------------------|
| TITLE                        | MGR               | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | KUPFER, KENNETH J |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               | 312 LIME DRIVE    |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  | NOKOMIS, FL 34275 |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        | MGR               | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | MCMANUS, ROBERT E |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               | 312 LIME DRIVE    |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  | NOKOMIS, FL 34275 |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                   |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                   |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                   |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                   |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                   |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                   |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                   | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                   |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                   |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                   |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |

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 608, Florida Statutes.

**SIGNATURE:** Robert E McManus - ROBERT E MCMANUS 4/4/06 941-488-5797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #