2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 07, 2008 08:00 A Secretary of State

1. Entity Name KM AGRICO, LLC



Principal Place of Business

312 LIME DRIVE NOKOMIS, FL 34275 Mailing Address

312 LIME DRIVE NOKOMIS, FL 34275



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3857888 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFER, KENNETH J 312 LIME DRIVE NOKOMIS, FL 34275

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000885768 04/18/08-80027-017 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUPFER, KENNETH J 312 LIME DRIVE NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMANUS, ROBERT E 312 LIME DRIVE NOKOMIS, FL 34275		
NAME STREET ADDRESS CITY-ST-ZIP		DO. I	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			\
TITLE NAME STREET ADDRESS 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.			