FILED May 22, 2007 8:00 am Secretary of State 04-17-2007 90255 025 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038730 1. Entity Name KMP CONSTRUCTION LLC								อูพูบบบง	บบ		
Principal Place of Business 3480 WHITE BLVD. NAPLES, FL 34117			Mailing Address 3480 WHITE BLVD. NAPLES, FL 34117			1 1 82 11 9 11			(89) YIL 1884		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02142007	Chg-LLC CR2	E083 (12/06)		
City & State			City & State				4. FELNumi	-4692991	}	oplied For at Applicable	
Zip	Country		Zip	Country				e of Status Desired	\$5.00 Add Fee Require		
	- 6. Namo	and Address of Current F	egistered Agent Name				7. Name and Address of New Registered Agent				
PATRICK, 3480 WHIT NAPLES, F	ΓE BLVD.					ddress (f	ess (P.O. Box Number is Not Acceptable)				
	-				City			F	Zip Cod	P	
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, it am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or provided name of registered agent and lide if applicable (NOTE: Registered Agent lignature required when remistating) DATE											
Fi Di	ling Fee ue by Ma	is \$50.00 y 1, 2007						Make chect Florida Depar	c payable to timent of State	•	
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/CHANG	ES		
TITLE	Defete 1111							GRIII (KP.)	Change	Paddillon	
NAME Street acoress City-SI-Zip				STRE	et address -st-zip	348	on whi	GRM (KP.) atrick He Blud Neples	FL. 3411	7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleie 11/1L NAM STRI CITY							☐ Change	☐ Addition	
TITLE 7/ALCE STREET ADDRESS CITY-SI-ZIP	CITY								☐ Change	☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delste		-				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	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 any 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DIMA DIMAN PROPER											