

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90376 001 \*\*\*100.00

30012450



07062007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000039379</b> 1. Entity Name <b>KTR CONSTRUCTION GROUP, LLC</b>			
Principal Place of Business <b>5612 BEECH STREET ZEPHYRHILLS, FL 33542</b>		Mailing Address <b>5612 BEECH STREET ZEPHYRHILLS, FL 33542</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>11248 Mansker Road</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>Dade City</b> Zip <b>33525</b>	
Country <b>USA</b>		4. FEI Number <b>20-4865574</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>RYMAN, KEVIN L 5612 BEECH STREET ZEPHYRHILLS, FL 33542</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYMAN, KEVIN L 5612 BEECH STREET ZEPHYRHILLS, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ryman, Kevin L 11248 Mansker Road Dade City FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYMAN, TAMMY L 5612 BEECH STREET ZEPHYRHILLS, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ryman, Tammy L 11248 Mansker Road Dade City FL 33525
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
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 608, Florida Statutes.			
<b>SIGNATURE:</b>		<b>7/9/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	