## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L06000062097** 02-04-2008 90135 021 \*\*\*138.75 KMT DEVELOPMENT, LLC Principal Place of Business Mailing Address 60005756 1050 S LAKE SYBELIA DR 1050 S LAKE SYBELIA DR MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01302008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 29.<del>1768197</del> 20-5 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE STE 1200 ORLANDO, FL 32801 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Delete Addition TITLE Change DILE CRONE, MARK A NAME STREET ADDRESS 1050 S LAKE SYBELIA DR STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CHY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Addition SOUTH, J TODD NAME NAME **8 PINE STREET** 4312 Down Point Lane STREET ADDRESS STREET ADDRESS Windermere, FL 34786 CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP ☐ Delete TITLE TITLE XI Channe Addition WATKINS, KENNETH F 103 COMMERCE STREET STE 130 294 S. Coconut Palm Blvd STREET ADDRESS STREET ADDRESS Tavenier, FL 33070 CITY-ST-ZIP LAKE MARY, FL 32795 CITY-SI-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-2008

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