2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2007 8:00 am Secretary of State 01-12-2007 90029 005 ****50.00 1/1

Principal Process of Business Solid National So	DOCUMENT # L06000080935 1. Entity Name KMP '06, LLC					01-12-2007 90029 005 ****50.00			
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S. Name and Address of Current Registered Agent AW OFFICES OF C. GUY BOND, P.A. 3010 SOUTH THIRD STREET ACKSONVILLE BEACH, FL 32250 C.IV FL Zu Coop B. The above named entry submits this statement for the purpose of changing its recodered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE PRITE Pee is \$80.00 Due by May 1, 2007 B. MANAGING MEMBERS/MANAGERS INIT MORRI PATTERSON, GARY AMANAGING MEMBERS/MANAGERS INIT MORRI PATTERSON, GARY AND INTO SIGNATURE PATTERSON, GARY AND INTO SIGNATURE Decentions INIT MORRI PATTERSON, GARY AND INTO SIGNATURE DECENTIONS SIGNATURE OR ADDITIONS CHANGES SIGNATURE PATTERSON, GARY PATTERSON, GARY AND INTO SIGNATURE SIGNATURE OR ADDITIONS CHANGES SIGNATURE PATTERSON, GARY PATTERSON,	Zip	Country	Zip	Country	5. Centicati	e of Status Desired	\$5.00 Ad	didional	
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CIV FL Zu Code D. The above named energy submits this statement for the outpose of changing its recretemed office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the educations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of registered agent, or both, in the State of Plorida. I am familiar with, and accept the education of the plorida. I am familiar with, and accept the education of the ploridary of Plor	3010 SOU1	TH THIRD STREET		Street	Address (P.O. Bax Numb	ber is Not Acceptable)			
B. 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 temilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am temilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am temilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am temilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am temilier with, and accept the obligation of registered agent, or both, in the State of Florida. I am temilier with, and accept the obligation of Florida Department of State of F	ACKSON	:							
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	NAME STREET ADDRESS								
	STREET ADDRESS DITY-ST-ZIP 11. I hereby a indicated	Certify that the information supplied wit of on this report is true and accurate and ability company or the receiver or truste	d that my signature shall have	or the examptions of the same legal offe	ect as il made under cat	th; that I am a managing.	r certify that the info member or manage	rmation r of the	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2007

KMP "06, LLC 505 HUNTER"S RUN BOULEVARD LAKELAND, FL 33809

Subject: KMP "06, LLC

Reference Number:

L06000080935

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh ANNUAL REPORTS SECTION

> Rows Koon-VICE-PRESIDENT SR. John McCay. VICE-PRESIDENT JR.