


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000080935 1. Entity Name KMP '06, LLC	
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Principal Place of Business 505 HUNTER'S RUN BOULEVARD LAKELAND, FL 33809	Mailing Address 505 HUNTER'S RUN BOULEVARD LAKELAND, FL 33809
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DO NOT WRITE IN THIS SPACE

01062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2640210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF C. GUY BOND, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

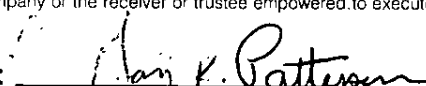
000000777451
01/10/08-80008-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, GARY 505 HUNTER'S RUN BOULEVARD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOY, JOHN 959 SUNCREST LANE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOON, RANDY 4920 SOCRUM LOOP RD. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #