

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90176 034 ***138.75

DOCUMENT # L06000085771



1. Entity Name

K & M DEVELOPMENT GROUP, L.L.C.

Principal Place of Business

4592 WOODWIND DRIVE
DESTIN FL 32541

Mailing Address

PO BOX 5170
DESTIN FL 32540



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number
20-4944163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title (if applicable)

(NOTE: Registered Agent's signature required when reappointing)

Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
FULMER, MILTON H
STREET ADDRESS
4592 WOODWIND DRIVE
CITY-ST-ZIP
DESTIN FL 32541 ☐ Delete

TITLE
NAME
P.O. Box 5170
STREET ADDRESS
Destin, Florida
CITY-ST-ZIP
32540 ☒ Change ☐ Addition

TITLE
NAME
MGRM
FULMER, KRISTI A
STREET ADDRESS
4592 WOODWIND DRIVE
CITY-ST-ZIP
DESTIN FL 32541 ☐ Delete

TITLE
NAME
P.O. Box 5170
STREET ADDRESS
Destin, FL
CITY-ST-ZIP
32540 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Milton Fulmer

2/15/08