


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

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90064 017 ***138.75

DOCUMENT # L07000028482	
1. Entity Name KMP FURNITURE LLC	

Principal Place of Business 940 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139	Mailing Address 239 NW 26TH STREET MIAMI FL 33127
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2. Principal Place of Business - No P.O. Box # 239 NW 26th Street	3. Mailing Address 239 NW 26th Street
Suite, Apt. #, etc. Miami FL 33127	Suite, Apt. #, etc. Miami FL 33127
City & State Miami FL	City & State Miami FL
Zip 33127	Country USA



1st MOORE CR2E083 (10/07)


4. FEI Number 20-8448978		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960		7. Name and Address of New Registered Agent 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	(NOTE: Registered Agent signature required when registering)	DATE
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATHEOU, MATHEOS 940 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	02/04/2008	305-804-6068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		