

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107879

FILED
Jan 11, 2009
Secretary of State

Entity Name: KM PROPERTIES - ZEPHYRHILLS, LLC

Current Principal Place of Business:

C/O KAPLAN DEVELOPMENT GROUP
419 CROSSWAYS PARK DRIVE, SUITE 100
WOODBURY, NY 11797

New Principal Place of Business:

Current Mailing Address:

C/O KAPLAN DEVELOPMENT GROUP
419 CROSSWAYS PARK DRIVE, SUITE 100
WOODBURY, NY 11797

New Mailing Address:

FEI Number: 20-5547283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KDG-ZEPHYRHILLS INDE, PENDENT LIVING , LLC
Address: 419 CROSSWAYS PARK DRIVE, SUITE 100
City-St-Zip: WOODBURY, NY 11797

Title: MGRM (X) Delete
Name: MPG-ZEPHYRHILLS INDE, PENDENT LIVING , LLC
Address: 755 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND DIOGUARDI

CFO

01/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date