

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000002652

1. Entity Name
KMP PROPERTIES, LLC



Principal Place of Business
**3225 S. MACDILL AVENUE, SUITE 129-259
TAMPA, FL 33629-8171**

Mailing Address
**3225 S. MACDILL AVENUE, SUITE 129-259
TAMPA, FL 33629-8171**



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, R. KYLE
3225 S. MACDILL AVENUE, SUITE 129-259
TAMPA, FL 33629-8171**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAILEY, R. KYLE
STREET ADDRESS	3225 S MACDILL AVENUE, SUITE 129-259
CITY-ST-ZIP	TAMPA, FL 336298171
TITLE	MGRM
NAME	BAILEY, MICHELE R
STREET ADDRESS	3225 S MACDILL AVENUE, SUITE 129-259
CITY-ST-ZIP	TAMPA, FL 336298171
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000806959
02/05/08-80062-022 138.75

**DO NOT WRITE
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 #

1/25/08 813/600-5764