| File on subject | or before | May 1, 1998 or 0.00 LATE FEE | Limited | Liability | Com | pany will t | e fin | AT A N | C 16 01 | | |
|---|---------------------------|---------------------------------|------------|-------------------------|-----|-------------|---|--|------------|-----------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | 98 APR 13 AH ID: 00 | | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000804 | | | | | | | SECRE TALLAH | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | |
| K-M ACQUISITION LLC 906 SOUTH DIXIE HIGHWAY STUART FL 34994 | | | | | | | 1a. Principal Place of Business Address 906 SOUTH DIXIE HIGHWAY STUART FL 34994 | | | | |
| Principal Place of Business 2a. Mailir | | | | ng Address | | | | | | of Formation | |
| Sulte, Apt. #, etc. Suite, Ap | | | | t. #, etc. | | | 12/02/1997 DE 4. FEI Number | | DE | | |
| City & State | | | | ate | | | 65-079 5815 | | | Applied For Not Applicable | |
| Zip | Country | | Zip | Zip | | ry | 5. Date of Last i | · | | ate of Status Desired | |
| | 7. Name | and Address of Curren | Registered | Agent | | 8. Name | Name and Addres | s of New Regis | tered Agen | t/Office | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Ap City P. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-name tis registered office or registered agent, or both, in the State of Florida. Such change was authorized by as registered agent, and accept the obligations. | | | | | | | ****188.75 ****188.75 Zip Code FL Inted liability company submits this statement for the purpose of changing irmative vote of a majority of the members. I hereby accept the appointment | | | | |
| Registered Agent Accepting Appointment) (NOTE Registered Agent signature required | | | | | | | | | | | |
| 10. Title | Managing Members/Managers | | | Business Street Address | | | <u> </u> | City, State and Zip Code | | | |
| MGR | PERKINS, LEIGH H | | | 10 RIVER ROAD | | | | MANCHESTER VT | | | |
| MGR | PERKINS, LEIGH H JR. | | | 10 RIVER ROAD | | | | MANCHESTER VT | | | |
| MGR | PERKINS, DAVID D | | | 10 RIVER ROAD | | | | MANCHESTER VT | | | |
| MGR | KNAPP, DAVID S | | | 906 SOUTH DIXIE HIGHWAY | | | IGHWAY | STUART FL | | | |
| MGR | MURPHY, JAMES | | | 906 SOUTH DIXIE HIGHWAY | | | IGHWAY | STUART FL | | | |
| | | | | | | · | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | | | | | | | |
| SIGNATURE: | | | | | | | | | | | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER