

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00 am
Secretary of State

FILING FEE \$203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #200542

KPM, LIMITED COMPANY
~~601 SOUTH PALAFOX STREET~~ ^{602 BARONNE ST.}
PENSACOLA FL 32501 ^{and Floor}
New Orleans, LA 70113

TALLAHASSEE, FLORIDA
1a. Principal Place of Business Address
601 SOUTH PALAFOX STREET
PENSACOLA FL 32501

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
602 BARONNE ST., and Floor
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 03/05/1992
3a. State of Formation FL

4. FEI Number
3305710
~~59-3180441~~

5. Date of Last Report 02/12/1996
6. Certificate of Status Desired
 Applied For
 Not Applicable
 Additional Fee Required

7. Name and Address of Current Registered Agent
BROWN, GERALD L
601 SOUTH PALAFOX STREET
PENSACOLA FL 32501

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. ~~400002169154--4~~
City ~~-05/07/97--01044--011~~
~~****203.75~~ ~~****203.75~~
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SEYCHELLES DEVELOPME,	⁶⁰² BARONNE ST. 70113 629 and Floor	NEW ORLEANS LA
M	D'AMICO, FRANK J	⁶⁰² BARONNE STREET, and Floor 410	NEW ORLEANS LA 70113
M	WALDMANN, LESTER E	301 HUEY P. LONG AVENUE	GRETNALA
M	WITTICH, RANIER R	243 GARDEN ROAD	RIVER RIDGE LA

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: Frank J. D'Amico, Jr. FRANK J. D'AMICO, JR. 4/28/97 (504) 525-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #