2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00542 1. Entity Name KPM, LIMITED COMPANY						FILED				
	re of Business PALAFOX STREET FL 32501	Mailing Address 622 BARONNE ST. 2ND FLOOR NEW ORLEANS LA 70113			OI APR 16 PM 3: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address					- 	(8814 8814)(8811) 8818) (4114 8 7848)	 	1841 9 1946 9 3641 9	1814 81841 1881	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State			4. FEI N	umber 59-3305710	· · · ·	 	oplied For ot Applicable	
Zip	Country	Country Zip C		try	5. Certificate of Status Desired Specificate of Status Desired Fee Required				ditional	
	6. Name and Address of Current F	Registered Agent		Nome	7. Name	and Address of New Reg	istered A	\gent_		
BROWN,	Name Street Address (P.O. Box Number is Not Acceptable)									
601 SOUT	Choose advisor in the Population									
1 510/1005 1 1 2 5250 /				City			FL	Zip Code	e	
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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	signature, typed or printed hame of registered agent at	ю при проподон. (NOT	E: negistere	o Agent signature required	J WHEN TEINSTALKS	97	DATE			
				FEE IS \$50.00 o Department o	of State					
	MANUACINO MENOS	DO MEMBERO				ADDITIONS/CH	IANCES	 		
9. TITLE	MANAGING MEMBE	Delete	10. TITLE			ADDITIONS/CF	TANGES	Change	Addition 8	
NAME STREET ADDRESS CITY-ST-ZIP	SEYCHELLES DEVELOPMENT CO 622 BARONNE ST., 2ND FLOOR NEW ORLEANS LA 70113	RPORATION		E : EET ADDRESS -ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY:: ST:: ZIP	MEM D'AMICO, FRANK J 622 BARONNE STREET, 2ND FLO NEW ORLEANS LA 70113	Delete				,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRAS CITY-ST-ZIP	MEM WALDMANN, LESTER E 301 HUEY P. LONG AVENUE GRETNA LA 70053	☐ Delete				7000040 -04/24/1 *****5(164 010	Change	Addition 015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WITTICH, RANIER R 243 GARDEN ROAD RIVER RIDGE LA 70123	☐ Delete		I				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE	l l				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS ST-ZIP		4	N			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE		1			Change	Addition	
11. I 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 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 MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylime Phone #										