


-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # Z00542
 1. Entity Name
KPM, LIMITED COMPANY



Principal Place of Business 601 SOUTH PALAFOX STREET PENSACOLA, FL 32501	Mailing Address 622 BARONNE ST. 2ND FLOOR NEW ORLEANS, LA 70113
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01162006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ANDREWS, ROY V
 5218 WILLING STREET
 MILTON, FL 32570**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'AMICO, FRANK J JR 622 BARONNE ST. NEW ORLEANS, LA 70113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITTICH, RAINER R 116 LAITRAM LANE HARAHAN, LA 70123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDMANN, LESTER J 301 HUEY P. LONG AVENUE GRETNA, LA 70053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTER J. WALDMANN, A PROFESSIONAL LAW COR 301 HUEY P. LONG AVENUE GRETNA, LA 70053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/02/06-80014-021 50.00

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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:  1/16/06 (504) 525-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone n