


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2007 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																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																							
		1st MOORE CR2E083 (10/06)																							
		4. FEI Number 59-3305710 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																							
		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																							
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																									
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1st MOORE CR2E083 (10/06)

4. FEI Number **59-3305710**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, ROY V
5218 WILLING STREET
MILTON FL 32570

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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Make Check Payable to Florida Department of State
Due By May 1, 2007

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400000767691
07/10/07-80014-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank J D'Amico* July 6, 2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #