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 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	U000000767691
STREET ADDRESS	07/10/07-80014-019 50.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: July 6, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #