


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # Z00542**

1. Entity Name  
**KPM, LIMITED COMPANY**



Principal Place of Business      Mailing Address

**601 SOUTH PALAFOX STREET  
PENSACOLA FL 32501**      **622 BARONNE ST.  
2ND FLOOR  
NEW ORLEANS LA 70113**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      City & State

4. FEI Number      Applied For

**59-3305710**       No: Applicable

Zip      Country      Zip      Country

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

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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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:       Feb 19, 08      (504) 525-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      District Phone #