## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## 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) 4. FEI Number Applied For City & State City & State 59-3305710 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREWS, ROY V Street Address (P.O. Box Number is Not Acceptable) 5218 WILLING STREET MILTON FL 32570 Zip Code City 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 it applicable. CATE (NOTE: Registered Agent's gnature required when (cinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 10. 9. ☐ Addition ☐ Change **MGRM** TITLE TITLE Delete D'AMICO, FRANK J JR NAME STREET ADDRESS 622 BARONNE ST. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS LA 70113 U000000835573 ☐ Change Addition Delete TITLE TITLE 02/29/08-80035-023 138.75 WITTICH, RAINER R NAME NAME STREET ADDRESS STREET ADDRESS 116 LAITRAM LANE CITY-ST-ZIP HARAHAN LA 70123 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE **MGRM** NAME NAME WALDMANN, LESTER J STREET ADDRESS STREET ADDRESS 301 HUEY P. LONG AVENUE CITY-ST-ZIP CITY-ST-ZIP GRETNA LA 70053 ☐ Change ☐ Addition MGRM Delete TITLE LESTER J. WALDMANN, A PROFESSIONAL LAW COR NAME NAME 301 HUEY P. LONG AVENUE STREET ADDRESS STREET ADDRESS CITY-SY-ZIP GRETNA LA 70053 CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. Thereby 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

**FILED** 

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME/OF AIGHING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIN DON'T PENNE &

limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.