State of New Hampshire
2005 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/13/2005
Business ID: 361956
William M. Gardner
Secretary of State

KML PROPERTY MANAGEMENT, LLC

23 TWIST HILL RD

DUNBARTON , NH 03046

ENTITY TYPE:	LLC
BUSINESS ID:	361956
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020521773
REAL ESTATE	

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ADDRESS OF PRINCIPAL OFFICE:

23 TWIST HILL RD

DUNBARTON , NH 03046

REGISTERED AGENT AND OFFICE:

KATHY LEIGHTON

23 TWIST HILL RD

DUNBARTON , NH 03045

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

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MANAGERS	A	MEMBERS	B
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		**MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS**	
NAME		MEMB.	KATHY L LEIGHTON
STREET		STREET	23 TWIST HILL ROAD
CITY/STATE/ZIP		CITY/STATE/ZIP	DUNBARTON NH 03046-4323
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **KATHY L LEIGHTON**

Please print name and title of signer: **KATHY L LEIGHTON** / **MEMBER**

NAME TITLE

FEE DUE: **$125.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529