

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026242

Entity Name: KAMM PROPERTIES LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

P. O. BOX 691925
ORLANDO, FL 32819

New Principal Place of Business:

7512 DR. PHILLIPS BLVD.
SUITE 50-950
ORLANDO, FL 32819

Current Mailing Address:

P. O. BOX 691925
ORLANDO, FL 32819

New Mailing Address:

7512 DR. PHILLIPS BLVD.
SUITE 50-950
ORLANDO, FL 32819

FEI Number: 20-4502683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
1601 PARK CENTER DRIVE
SUITE 6A
ORLANDO, FL 32835 US

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.

SIGNATURE: JAMES K. DUERR, CPA

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HODGSON, KENNETH B
Address: P. O. BOX 691925
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HODGSON, KENNETH B
Address: 7512 DR. PHILLIPS BLVD., STE. 50-950
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH B. HODGSON

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date