

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 30 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003854

1. Entity Name

KCM Investments, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3017 Brookmont Dr.

3. Mailing Address
3017 Brookmont Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

4. FEI Number
59-3710720

Applied For
Not Applicable

Zip 32312

Country Leon

Zip 32312

Country Leon

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Van P. Geeker

Street Address (P.O. Box Number is Not Acceptable)

1501 Park Avenue East

City Tallahassee FL Zip Code 32301

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.

SIGNATURE

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

DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Myers Management, Inc.
3017 Brookmont Dr.
Tallahassee, Florida 32312

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph S. Myers

4/29/02

Date

850-385-7223

Daytime Phone #

CR2E083B (12/01)