

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026779

Entity Name: K & M VENTURES, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 71-0913276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, GARY R
131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLINE, GARY R
Address: 131 HIBISCUS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: MURPHY, JANICE M
Address: 131 HIBISCUS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: FRESHMAN, AUDREY S
Address: 4069 LA COSTA ISLAND COUTR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FRESHMAN, AUDREY S
Address: 4069 LA COSTA ISLAND COURT
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY R KLINE

MR

04/17/2007

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