2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000031367

1. Entity Name
KIM & COMPANY, L.L.C.

Principal Place of Business	Mailing Address
839 S. ENTRADA DR	P.O. BOX 1743
FORT MYERS, FL 33919	SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

03262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
54-2096110	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, SUITE A
SANIBEL, FL 33957

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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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	WRENN, KIMBERLY A	
STREET ADDRESS	839 S. ENTRADA DR	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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04/10/07-80072-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/26/07 239-433-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #