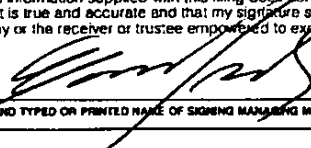


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jul 11, 2005 8:00 am
Secretary of State

05-12-2005 90030 001 ****50.00

DOCUMENT # L04000035977					
1. Entity Name KCM INVESTMENTS HOLDINGS, LLC					
Principal Place of Business 7960 NW 156 TERRACE MIAMI, FL 33016			Mailing Address 7960 NW 156 TERRACE MIAMI, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1135804	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MORENO, CARLOS 7960 NW 156 TERRACE MIAMI, FL 33016				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORENO, CARLOS		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CARLES, MERCEDES		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORENO, CARLOS A		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORENO, MARIA A		NAME		
STREET ADDRESS	7960 NW 156 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-31-05 32-1692		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		