2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRHYSD NAME OF SIGNING MANAGING MEMBER,

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # L04000049219 04-07-2008 90231 019 ***143.75 KCM CONSULTING, L.L.C. Principal Place of Business Mailing Address DUULUJUU 1520 BAYSHORE LANE 1520 BAYSHORE LANE PENSACOLA, FL 32507 PENSACOLA, FL 32507 US 02192008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1331166 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, L. CRAIG DO NOT WRITE 1520 BAYSHORE LANE PENSACOLA, FL 32507 IN THIS SPACE 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 reinstading) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM MUE NAME MILLER, L. CRAIG 1520 BAYSHORE LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 MITE NAME MILLER, LOIS K STREET ADDRESS 1520 BAYSHORE LANE CITY-ST-ZIP PENSACOLA, FL 32507 mre _ NALES STREET ADDRESS DO NOT WRITE CUY-SI-7P TITLE IN THIS SPAC HAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP FILE NULE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED