

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070939

Entity Name: K.G.C.M., L.L.C.

FILED  
Jul 07, 2005  
Secretary of State

**Current Principal Place of Business:**

4812 CAPE CORAL STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 08301  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GRINER, KERRY G  
5303 S.W. 26TH COURT  
CAPE CORAL, FL 33914 US

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: GRINER, KERRY G  
Address: P.O. BOX 08301  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MEM ( ) Change (X) Addition  
Name: ROY, WILLIAM F  
Address: P.O. BOX 08301  
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KERRY G. GRINER

MGRM

07/07/2005

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