

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000017141

FILED
Aug 03, 2007
Secretary of State**Entity Name:** KAM CAPITAL LLC**Current Principal Place of Business:**1215 NORTH DIXIE HWY
LAKE WORTH, FL 33460**New Principal Place of Business:**1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460**Current Mailing Address:**1215 NORH DIXIE HWY
LAKE WORTH, FL 33460**New Mailing Address:**1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460**FEI Number:** 32-0195107**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AUDATE, MARIE-KETTY
1215 NORTH DIXIE HWY
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**AUDATE, MARIE-KETTY
1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460 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: MARIE-KETTY AUDATE

08/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: DESAMOURS, ANIVENS
Address: 1215 NORTH DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460Title: VP () Delete
Name: DESAMOUR, ROLAND
Address: 1215 NORTH DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: DESAMOURS, ANIVENS
Address: 1600 SOUTH DIXIE HWY SUITE F
City-St-Zip: LAKE WORTH, FL 33460Title: VP (X) Change () Addition
Name: DESAMOUR, ROLAND
Address: 1600 SOUTH DIXIE HWY SUITE F
City-St-Zip: LAKE WORTH, FL 33460Title: MGRM () Change (X) Addition
Name: ALEXIS, ALEXTE
Address: 1600 SOUTH DIXIE HWY, SUITE F
City-St-Zip: LAKE WORTH, FL 33460Title: MGRM () Change (X) Addition
Name: SALOMON, EXCELLENT
Address: 1600 SOUTH DIXIE HWY SUITE F
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify 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: ANIVENS DESAMOUR

MGRM

08/03/2007

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