

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000017141

FILED
Feb 26, 2008
Secretary of State**Entity Name:** KAM CAPITAL LLC**Current Principal Place of Business:**1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460**New Principal Place of Business:**2505 N. ANDREWS AVENUE
WILTON MANOR, FL 33311**Current Mailing Address:**1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460**New Mailing Address:**2505 N. ANDREWS AVENUE
WILTON MANOR, FL 33311**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
1600 SOUTH DIXIE HWY
F
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**AUDATE, MARIE-KETTY
2505 N. ANDREWS AVENUE
WILTON MANOR, FL 33311 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

02/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: SALOMON, EXCELLENT
Address: 1600 SOUTH DIXIE HWY SUITE F
City-St-Zip: LAKE WORTH, FL 33460Title: VP (X) Delete
Name: MOMPLAISIR, JOHN J
Address: 1470 NE 130 STREET
City-St-Zip: MIAMI, FL 33161**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: SALOMON, EXCELLENT
Address: 4705 ACADIA LN
City-St-Zip: NAPLES, FL 34112Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIE-KETTY AUDATE

MRS

02/26/2008

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