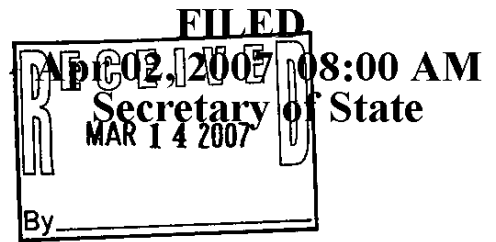


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000099051

1. Entity Name

KGJC VENTURES, LLC



Principal Place of Business

11505 FAIRCHILD GARDENS AVE.  
SUITE 202  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

11505 FAIRCHILD GARDENS AVE.  
SUITE 202  
PALM BEACH GARDENS FL 33410  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3605964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEHRING, KURT N  
11505 FAIRCHILD GARDENS AVE.  
SUITE 202  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: CADENHEAD, JEANETTA R  
STREET ADDRESS: 11505 FAIRCHILD GARDENS AVE. SUITE 202  
CITY-STATE-ZIP: PALM BEACH GARDENS FL 33410

TITLE: MGRM ☐ Delete  
NAME: GEHRING, KURT N  
STREET ADDRESS: 11505 FAIRCHILD GARDENS AVE. SUITE 202  
CITY-STATE-ZIP: PALM BEACH GARDENS FL 33410

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Kurt Gehring*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/07

561-626-6797

Date

Daytime Phone #