2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURT (AK)								FILI	$\mathbf{E}\mathbf{D}_{-}$	
DOCUMENT # L05000099051 1. Entity Namo								[2,]200 cretar	1 11 11	:00 AM state
KGJC V	ENTURES, LI	LC					MAR	1 4 2007		iaic
Principal Plac	co of Business		Mailing Address	lailing Addross			B.,		l	
	RCHILD GARDE	NS AVE.	11505 FAIRCHILD GARDENS AVE.				БУ		<del></del>	
SUITE 202 PALM BEACH GARDENS FL 33410 US			SUITE 202 PALM BEACH GARDENS FL 33410 US							
2. Principal Placo of Business - No P O. Box #			3. Mailing Address	3. Mailing Address						
Suilo, Apt	t. #, otc		Suito, Apt. #, otc.				1st MOORE	CR2E083	(10/06)	
City & Stato			City & Stato			4. FEI Nur	20-3605	964		pplied For et Applicable
Ζφ	C	Country	Zip	Cour	ntry	5. Certifica	ato of Status Desire		\$5.00 Add Fee Require	
	6. Name and	d Address of Current I	Registered Agent	··		7. Name a	nd Address of Ne	w Registered A	gent	
					Name					}
115 St	JITE 202	LD GARDENS A	. —-		Street Address	reet Address (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDENS FL 334			410		City			FL	Zip Cod	lo l
8. The above	named entity sul	bmits this statement for	r the purpose of changing its	register	ed office or registo	rod agont, or	both, in the State of		amiliar with,	and accopt
SIGNATURE										
	Signature, typed or pri	nted name of registered agent a	nd little if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)	1	DATE		
			Make Check Payab	le to Flo	≑EE IS \$50.00 orida Departme ay 1, 2007	nt of State				
9.		MANAGING MEMBER		10.			ADDITIO	NS/CHANGES		
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NAME STREET ADDRESS CITY+ST+ZIP	11505 FAIRCH	, JEANETTA R HILD GARDENS AVE			E ET ADDRISS -SI-ZIP					
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NAML		•	•	NAMI						·
STREET ADDRESS CITY-ST-ZIP					ETADDRESS ST-ZIP					
11. I heroby of indicated limited lia	cortify that the info on this report is a ability company or	ormation supplied with true and accurate and the receiver or truster	this filling does not qualify f that my signature shall have empowered to execute this	or the ex	emptions containe ne legal effect as i s required by Char	d in Section 1 f made under oter 608, Florid	119, Florida Statute oath; that I am a r da Statutes.	s. I further certi managing mem	y that the in ber or mana	nformation ager of the
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SIGNATURE: 3/29/07 561-626-6797 SIGNATURE and typed on printed name of signing Managing member, Manager, or authorized representative Date Daylore Phone 4										
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