

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036740

FILED
Aug 15, 2007
Secretary of State

Entity Name: LKCM, LLC

Current Principal Place of Business:

P.O. BOX 1085
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

7906 LEO KIDD
PORT RICHEY, FL 34668 US

Current Mailing Address:

P.O. BOX 1085
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 20-4653984 FEI Number Applied For () FEI Number Not Applicable () 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:

EGG, MICHELE
7906 LEO KIDD AVENUE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: EGG, MICHELE
Address: P.O. BOX 1085
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Delete
Name: EGG, THERON J JR.
Address: 17821 FANCY LANE
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EGG, MICHELE
Address: P.O. BOX 1085
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGR (X) Change () Addition
Name: EGG, THERON J JR.
Address: 17821 FANCY LANE
City-St-Zip: HUDSON, FL 34667 US

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: MICHELE EGG

MGRM

08/15/2007

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