

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90047 008 ****50.00

DOCUMENT # L06000117893	
1. Entity Name KNCM CAPITAL PARTNERS, LLC	

Principal Place of Business 5869 SEA GRASS LANE NAPLES, FL 34116 US	Mailing Address 5869 SEA GRASS LANE NAPLES, FL 34116 US
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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



08082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8018416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LARSEN, PAUL C 5869 SEA GRASS LN NAPLES, FL 34116		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 _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSEN, PAUL C 5869 SEA GRASS LN NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  PAUL C. LARSEN 8-8-07 239-352-9935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #