

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
Mar 03, 2008 8:00 am
Secretary of State

01-18-2008 90020 015 ***143.75
03-03-2008 90399 024 *****5.00

60011841



01082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000033910			
1. Entity Name KANDUMA, LLC			
Principal Place of Business 5N113 BURR ROAD SAINT CHARLES, IL 60175		Mailing Address 5N113 BURR ROAD SAINT CHARLES, IL 60175	
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
4. FEI Number 20-8742708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEAD, MICHAEL W 24 WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEARINGER, CARTER W 5N113 BURR ROAD SAINT CHARLES, IL 60175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Carter Bearinger		Date 1-10-08 Daytime Phone # 630 802 6110	