

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119234

Entity Name: KCAM VENTURES, LLC

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2761 DUNSINANE RD  
PENSACOLA, FL 325035814

**New Principal Place of Business:**

**Current Mailing Address:**

2761 DUNSINANE RD  
PENSACOLA, FL 325035814

**New Mailing Address:**

FEI Number: 26-1516557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, JAMES P ESQ  
HINES NORMAN HINES, P.L.  
315 S HYDE PARK AVE  
TAMPA, FL 33606 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: SPEER, CAROL G  
Address: 2761 DUNSIN AVE RD  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR ( ) Delete  
Name: SPEER, PAM G  
Address: 2761 DUNSINANE RD  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SPEER, CARL G  
Address: 2761 DUNSINANE RD  
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARL SPEER

MGR

01/06/2009

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