

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90056 003 ****55.00

DOCUMENT # L99000002741 1. Entity Name K & M INVESTMENT HOLDINGS, L.L.C.			
Principal Place of Business 12798 WEST FOREST HILL BLVD., SUITE 302 WELLINGTON, FL 33414		Mailing Address 12798 WEST FOREST HILL BLVD., SUITE 302 WELLINGTON, FL 33414	
2. Principal Place of Business 12798 Forest Hill Blvd. Suite, Apt. #, etc. 101A City & State Wellington, FL Zip 33414 Country USA		3. Mailing Address 12798 Forest Hill Blvd. Suite, Apt. #, etc. 101A City & State Wellington, FL Zip 33414 Country USA	
4. FEI Number 65-0955301		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01042005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WILKINSON, KEVIN D ESQ. C/O KEVIN D. WILKINSON, P.A. 12794 WEST FOREST HILL BLVD., SUITE 28-B WELLINGTON, FL 33414		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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNAMARA, JAMES 12798 WEST FOREST HILL BLVD., SUITE 302 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McNamara, James 12798 Forest Hill Blvd., Ste. 101A Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERR, ROBERT 12798 FOREST HILL BLVD., SUITE 302 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kerr, Robert 12798 Forest Hill Blvd., Ste. 101A Wellington, FL 33414 <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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: <u>James M. Namara</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1-5-05 Daytime Phone # 561-793-4372	