

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001152

1. Entity Name
KIAM VENTURES LLC



Principal Place of Business
**RAILROAD AVENUE
MURTHA INDUSTRIAL PARK
BEACON FALLS, CT 06403**

Mailing Address
**P.O. BOX 142
BEACON FALLS, CT 06403**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1082301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

000000177440
01/11/05-80045-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KIAM, ELLEN
STREET ADDRESS	555 MADISON AVENUE, 23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	KIAM, VICTOR K III
STREET ADDRESS	555 MADISON AVENUE, 23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	CONNELL, WILLIAM
STREET ADDRESS	555 MADISON AVENUE, 23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	NOVAK, ALEX
STREET ADDRESS	MURTHA INDUSTRIAL PARK, RAILROAD AVENUE
CITY-ST-ZIP	BEACON FALLS, CT 06403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alex Novak
1/4/05 203-723-6664 x127