

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**



01312008No Chg-LLC

CR2E083 (12/07)

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	

U00000823024  
02/20/08-80020-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Alex Novak*

2/06/2008

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

Date

Daytime Phone #