

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

2007

Providence, Rt 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. 113 No. 121957 JFC-KIM Investment Group, LLC 3. State-of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the Course 1. Brief description of the character of the business which is actually conducted in Monde Island GOLF COURSE 1. Brief description of the character of the business which is actually conducted in Monde Island Course 1. Brief description of the Course 1. Brief description of the character of the business which is actually conducted in Monde Island Course 1. Brief description of the Course 1. Brief Course 1. Brief description of the Course 2. Brief Aldress 3. Bri	7.1.1.0.1.2 7 10 100 (10 00 (1) 00 (1)								
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Alters North Address 346 Har way Address 6. Mailing address of White Liability company and name or title of contact person: Contact Title Scarpe F. Calette New Address 345 Harmony Hill Coad 7. Name and address of Each Manager of the Limited Liability company, if applicable - Do Not List MEMBERS Fill in spaces before using attachments (x* Box for attachment) Street Address 3. B. Fair way Circle Street Address					ch is actually conducted in Rhode Island				
6. MAILING ADDRESS OF WAITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Table State City State City 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Craia M. Colette Manager Name Craia M. Colette Street Address City Manager Name City Manager Name City Manager Name Street Address				1	City	State CT	•	Zip Dl. 791	
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The state of the limited liability company, if applicable - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Craig M. Clette Street Address 3. B. Fair war Cirele City Manager Name Manager Name Manager Name Manager Name Manager Name Street Address	Joseph F. Calette			partner					
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED File Date SEP 24 2007 Check No. By:	Under penalty of perjury, I declare and affirm that including any accompanying schedules and states contained herein are true and correct. Significant of Authorized Person Declared to the state of Authorized Person
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

I have examined this report, nents, and that all statements, 9-17-06 ne