


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90020 014 \*\*\*\*50.00

**DOCUMENT # L04000022980**

1. Entity Name  
**KC2 INVESTMENTS, L.L.C.**



Principal Place of Business  
**1625 NORTH COMMERCE PARKWAY  
 SUITE NO., 315  
 WESTON, FL 33326 US**

Mailing Address  
**1625 NORTH COMMERCE PARKWAY  
 SUITE NO., 315  
 WESTON, FL 33326 US**

**30006896**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04152005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number **20-0913446** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARRERO, JOSE C ESQ.  
 1820 NORTH CORPORATE LAKES BLVD.,  
 SUITE NO., 105  
 WESTON, FL 33326**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

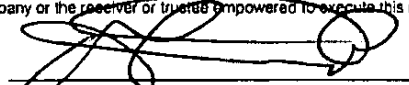
**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALBACETE, ALFONSO <input type="checkbox"/> Delete 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOMBARDI, VINCENZO <input type="checkbox"/> Delete 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTINEZ, CIRO <input type="checkbox"/> Delete 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**  **4/24/05** **951 389-6161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #