


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0913446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 reinstating)

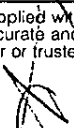
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VINCENZO 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CIRO 1625 NORTH COMMERCE PARKWAY, SUITE 315 WESTON, FL 33326
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U00000925485
 05/20/08-80029-009 138.75

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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:  DATE: 4/20/08 DAYTIME PHONE #: 954-389-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #