


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 014 ***138.75

DOCUMENT # L06000056544

1. Entity Name
KINGS ANGLE INVESTORS, LLC



Principal Place of Business Mailing Address

~~3191 CORAL WAY, SUITE 624~~ ~~3191 CORAL WAY, SUITE 624~~
~~CORAL GABLES, FL 33145~~ ~~CORAL GABLES, FL 33145~~

60011687



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2828 CORAL WAY 2828 CORAL WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

308 308

01312008 Chg-LLC CR2E083 (12/06)

City & State City & State

MIAMI, FL MIAMI, FL

Zip Country Zip Country

33145 USA 33145 USA

4. FEI Number Applied For

20-5704964 Not Applicable

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

6. Name and Address of Current Registered Agent

TAVARES DE MELO, PAULO
3191 CORAL WAY, SUITE 624
~~CORAL GABLES, FL 33145~~

7. Name and Address of New Registered Agent

Name JANE

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY # 308

City MIAMI State FL Zip 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$536.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, PAULO 3191 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE 2828 CORAL WAY #308 MIAMI, FL, 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: P. TAVARES DE MELO 2/22/2008 305.567.1163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #