

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056544

FILED
May 03, 2009
Secretary of State

Entity Name: KINGS ANGLE INVESTORS, LLC

Current Principal Place of Business:

2828 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2828 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-5704964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAVARES DE MELO, PAULO
2828 CORAL WAY #308
CORAL GABLES, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TAVARES DE MELO, PAULO
Address: 3191 CORAL WAY, SUITE 624
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR () Delete
Name: TAVARES DE MELO, EDUARDO
Address: 3191 CORAL WAY, SUITE 624
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TAVARES DE MELO, PAULO
Address: 2828 CORAL WAY # 308
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR (X) Change () Addition
Name: TAVARES DE MELO, EDUARDO
Address: 2828 CORAL WAY # 308
City-St-Zip: CORAL GABLES, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELA GUIMARAES

POA

05/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date