



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90246 001 ***450.00

DOCUMENT # L05000050191 1. Entity Name KIA INVESTMENTS LLC					
Principal Place of Business 633 NE 167TH STREET SUITE 301 NORTH MIAMI BEACH, FL 33162			Mailing Address 633 NE 167TH STREET SUITE 301 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 18425 NW 2nd Ave Suite, Apt. #, etc. 350		3. Mailing Address 18425 NW 2nd Ave Suite, Apt. #, etc. 350		30000531 	
City & State Miami Gardens FL		City & State Miami Gardens FL		4. FEI Number 20-2868223	
Zip 33169 Country USA		Zip 33169 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRT INVESTMENTS, LLC 633 NE 167 STREET SUITE 301 NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18425 NW 2nd Ave # 350 City Miami Gardens FL Zip Code 33169	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAWIL, ANDRES MOISES <input type="checkbox"/> Delete 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18425 NW 2nd Ave # 350 Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAWIL, JOSE FABIAN <input type="checkbox"/> Delete 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18425 NW 2nd Ave # 350 Miami Gardens, FL 33169
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	