## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000003866** 1. Entity Name KIWI INVESTMENTS, LLC

Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

C/O SARASOTA COMMERCIAL MANAGEMENT, INC. 711 SOUTH OSPREY AVENUE, SUITE 1 SARASOTA, FL 34236 US

C/O SARASOTA COMMERCIAL MANAGEMENT, INC 711 SOUTH OSPREY AVENUE, SUITE 1 SARASOTA, FL 34236 US



**FILED** 

DO NOT WRITE IN THIS SPACE

04112006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 65-1010957 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

KAUFFMAN, MARK S C/O SARASOTA COMMERCIAL MANAGEMENT, INC. 711 SOUTH OSPREY AVENUE, SUITE 1 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of char<br>tions of registered agent. | nging its registered office or registered agent, or bo       | th, in the State of Florida. I am familiar with, and accept |
|--|---|--|---|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title if applicable.             | (NOTE. Registered Agent signature required when reinstating) | DATE  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2006   |  |   |
| 9.<br>Tale                                     | MANAGING MEMBERS/MANAGERS MGRM  |  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | KAUFMAN, MARK S<br>711 SOUTH OSPREY AVE., SUITE 1<br>SARASOTA, FL 34236                   |  | U00000520560<br>05/02/06~80099-012_50.00                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  | 03/05/00 00033 015 30.00                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | IN.  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE