
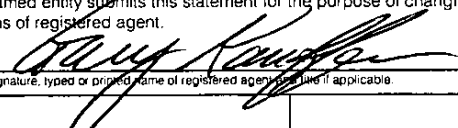



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90051 023 ****50.00

DOCUMENT # L00000003866					
1. Entity Name KIWI INVESTMENTS, LLC					
Principal Place of Business C/O SARASOTA COMMERCIAL MANAGEMENT, INC. 711 SOUTH OSPREY AVENUE, SUITE 1 SARASOTA, FL 34236 US			Mailing Address C/O SARASOTA COMMERCIAL MANAGEMENT, INC. 711 SOUTH OSPREY AVENUE, SUITE 1 SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # C/O ABBEY MANAGEMENT, LLC <small>Suite, Apt. #, etc.</small>		3. Mailing Address % ABBEY MANAGEMENT, LLC <small>Suite, Apt. #, etc.</small>			
City & State		City & State		4. FEI Number 65-1010957	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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			7. Name and Address of New Registered Agent Name KAUFFMAN, GARY ESQ Street Address (P.O. Box Number is Not Acceptable) 1990 MADAM ST, STE 700 City SARASOTA FL 34236		
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 _____ <small>Signature, typed or printed name of registered agent required if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAUFMAN, MARK S 711 SOUTH OSPREY AVE., SUITE 1 SARASOTA, FL 34236	<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	
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: 			Date 4/20/07 94-383-3220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		