

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015941

Entity Name: K.O. INVESTMENTS, LLC

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

3101 W. BROWARD BLVD.  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3101 W. BROWARD BLVD.  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-1064437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTMAN, GARY  
3101 W. BROWARD BLVD.  
FT LAUDERDALE, FL 33312 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: MGRM ( ) Delete  
Name: KURLAND, JEFFREY  
Address: 3101 W. BROWARD BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: ORTMAN, GARY  
Address: 3101 W. BROWARD BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: WOHLGEMUTH, DOUG  
Address: 3101 W. BROWARD BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY ORTMAN

MGRM

01/03/2008

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