


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000012599		
1. Entity Name KOBIN INVESTMENTS, LLC		

Principal Place of Business 300 SOUTH ORANGE AVE. SUITE 1000 ORLANDO, FL 32801	Mailing Address P.O. BOX 4956 ORLANDO, FL 32802
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2. Principal Place of Business 630 Park Forest Ct Suite, Apt. #, etc.	3. Mailing Address 630 Park Forest Ct. Suite, Apt. #, etc.
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City & State Apopka FL	City & State Apopka FL
Zip 32703	Zip 32703
Country USA	Country USA

07212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1006458	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOBIN, TODD F ESQ. 300 SOUTH ORANGE AVE. SUITE 1000 ORLANDO, FL 32801-3373

7. Name and Address of New Registered Agent	
Name Ronald J. Pruitt	
Street Address (P.O. Box Number is Not Acceptable) 630 Park Forest Ct.	
City Apopka	FL
Zip Code 32703	

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOBIN, TODD F ESQ 300 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ronald J. Pruitt 630 Park Forest Ct. Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058025624 07/29/05--01004--009 ***195.00 <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	100058025651 07/29/05--01004--010 ***90.00 <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	FF 850 <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 exemption stated in Section 119.07(3)(i), 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 #