
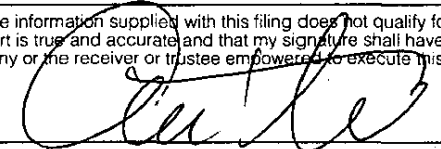


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 016 ****50.00

DOCUMENT # L02000025092 1. Entity Name KTP INVESTMENTS, LLC					
Principal Place of Business 6 LITTLE HARBOR WAY DEERFIELD BEACH FL 33441			Mailing Address 6 LITTLE HARBOR WAY DEERFIELD BEACH FL 33441		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 06-1652585	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, TRACEY S 3001 CARDINAL DRIVE DELRAY BEACH FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROCK, ARTHUR V 6 LITTLE HARBOR WAY DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROCK, FRANCES E 6 LITTLE HARBOR WAY DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, TRACEY S 3001 CARDINAL DRIVE DELRAY BEACH FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wm. J. Hill 2899 N.W. 29th Road Boca Raton, FL 33431-6372	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wm. J. Hill 2899 N.W. 29th Road Boca Raton, FL 33431-6372	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wm. J. Hill 2899 N.W. 29th Road Boca Raton, FL 33431-6372	<input type="checkbox"/> Delete			
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:  Arthur V. Strock 01/27/04 954/427-0763 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					