

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

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**



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1652585

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, TRACEY S
3001 CARDINAL DRIVE
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STROCK, ARTHUR V
STREET ADDRESS	6 LITTLE HARBOR WAY
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	STROCK, FRANCES E
STREET ADDRESS	6 LITTLE HARBOR WAY
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	MILLER, TRACEY S
STREET ADDRESS	3001 CARDINAL DRIVE
CITY - ST - ZIP	DELRAY BEACH, FL 33444
TITLE	MGRM
NAME	HILL, WM. J
STREET ADDRESS	2899 N.W. 29TH ROAD
CITY - ST - ZIP	BOCA RATON, FL 334316372
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000203918
01/29/05-80049-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Arthur V. Strock

ARTHUR V. STROCK

01/27/05

954/427-0763

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

Date

Daytime Phone #