

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
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**



01232008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000800647
01/31/08-80027-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STROCK, ARTHUR V
6 LITTLE HARBOR WAY
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILLER, TRACEY S
3001 CARDINAL DRIVE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLARK, KAREN S
3165 OAK CREST TR
MARIETTA, GA 30066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HILL, WM J
34477 ORCHID PKWY
RIDGE MANOR, FL 33523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Karen S. Clark

1/23/08

770-973-9297

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

Date

Daytime Phone #