


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034459 <small>1. Entity Name</small> KKJ INVESTMENTS, LIMITED COMPANY	
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Principal Place of Business 4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905	Mailing Address 4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905
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03252008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 72-1545987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERGER, KATHLEEN
 4520 DIXIE HIGHWAY N. E.
 PALM BAY, FL 32905

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, KATHLEEN 4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, KEITH 4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGOON, JOHN 4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905
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 04/17/06-80004-004 50.00

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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.

Kathleen A. Berger
SIGNATURE: Kathleen A. Berger *3-25-06 321-403-3307*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #