2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000034459

1. Entity Name
KKJ INVESTMENTS, LIMITED COMPANY

Principal Place of Business	Mailing Address
4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905	4520 DIXIE HIGHWAY N. E. PALM BAY, FL 32905

03252006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
72-1545987
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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	MGRM
NAME	BERGER, KATHLEEN
STREET ADDRESS	4520 DIXIE HIGHWAY N. E.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	MGRM
NAME	BERGER, KEITH
STREET ADDRESS	4520 DIXIE HIGHWAY N. E.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	MGRM
NAME	BURGOON, JOHN
STREET ADDRESS	4520 DIXIE HIGHWAY N. E.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3-25-6 321-403-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #