


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90141 008 \*\*\*\*50.00

<b>DOCUMENT # L03000009550</b>	
1. Entity Name KMA INVESTMENT PROPERTIES, L.L.C.	

Principal Place of Business 2295 N.W. CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431	Mailing Address 2295 N.W. CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431
---	---

20010205

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc. <u>Suite 245</u>	Suite, Apt. #, etc. <u>Suite 245</u>
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4243262	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  LUPO, JACK 2295 N.W. CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431
---

7. Name and Address of New Registered Agent Name <u>Lupo, Jack</u> Street Address (P.O. Box Number is Not Acceptable) <u>2295 N.W. Corporate Blvd, Ste 245</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>
---

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 <u>[Signature]</u> (Signature, typed or printed name of registered agent and title if applicable)	DATE <u>2/4/05</u> (NOTE: Registered Agent signature required when reinstating)
---	---

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUPO, JACK 2295 N.W. CORPORATE BOULEVARD, SUITE 240 BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, DALE 712 HAVANA DRIVE BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lupo, Jack 2295 N.W. Corporate Blvd., Ste 245 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Goldstein, Dale 712 Havana Drive Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>2/4/05</u>	DAYTIME PHONE # <u>561-998-7100</u>
---	-----------------------	--