

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90104 010 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000030299			
1. Entity Name KAMINSKI INVESTMENTS, LLC			
Principal Place of Business 432 MAIN ST., STE. 127 WINDERMERE, FL 34786		Mailing Address 432 MAIN ST., STE. 127 WINDERMERE, FL 34786	
2. Principal Place of Business 232 S. Dillard St.		3. Mailing Address 232 S. Dillard St.	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Winter Garden, Florida		City & State Winter Garden, Florida	
Zip 34747	Country USA	Zip 34747	Country USA
6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ 369 N. NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 56-2387643 Applied For APPLIED FOR			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAMINSKI, CHRIS L 432 MAIN STREET, STE. 127 WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Kaminski, Chris L 232 S. Dillard St., Suite 201 Winter Garden, Florida 34747 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAMINSKI, LORI G 432 MAIN STREET, STE. 127 WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Kaminski, Lori G 232 S. Dillard Street, Suite 201 Winter Garden, Florida 34747 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2-9-05 Date Daytime Phone #	