

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030299

Entity Name: KAMINSKI INVESTMENTS, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

232 SOUTH DILLARD STREET
SUITE 201
WINTER GARDEN, FL 34747

Current Mailing Address:

P.O. BOX 770609
WINTER GARDEN, FL 34777

New Principal Place of Business:

132 W PLANT ST
SUITE 200
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 56-2387643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, JAMES R ESQ
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAMINSKI, CHRIS L
Address: 232 SOUTH DILLARD STREET SUITE 201
City-St-Zip: WINTER GARDEN, FL 34747

Title: MGRM () Delete
Name: KAMINSKI, LORI G
Address: 232 SOUTH DILLARD STREET SUITE 201
City-St-Zip: WINTER GARDEN, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAMINSKI, CHRIS L
Address: 132 W PLANT STREET SUITE 200
City-St-Zip: WINTER GARDEN, FL 34747

Title: MGRM (X) Change () Addition
Name: KAMINSKI, LORI G
Address: 132 W PLANT STREET SUITE 200
City-St-Zip: WINTER GARDEN, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS L KAMINSKI

MGRM

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date