

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030299

Entity Name: KAMINSKI INVESTMENTS, LLC

FILED  
May 02, 2008  
Secretary of State

**Current Principal Place of Business:**

132 W PLANT ST  
SUITE 200  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770609  
WINTER GARDEN, FL 34777

**New Mailing Address:**

FEI Number: 56-2387643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: 132 W PLANT STREET SUITE 200  
City-St-Zip: WINTER GARDEN, FL 34747

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 KAMINSKI

MGRM

05/02/2008

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