


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000036047</b> 1. Entity Name KDL INVESTMENTS, L.L.C.	
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Principal Place of Business 1924 WEST PRINCETON STREET ORLANDO, FL 32804 US	Mailing Address 1924 WEST PRINCETON STREET ORLANDO, FL 32804 US
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0245831	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

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000908931  
05/06/08-80049-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOBIN, HARVEY N 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, MICHAEL S 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINDSAY, WILLIAM W 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'BRIEN, PATRICK 1924 W PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Michael Davis  
4-18-08 407 8431000

Date

Daytime Phone #