


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000038420 1. Entity Name KH INVESTMENTS, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 3205 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 | Mailing Address 3205 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 |
|--|--|



01112007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|---|
| 4. FEI Number 68-0569277 | Applied For <input checked="" type="checkbox"/> Not Applicable |
|-----------------------------|---|

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

| |
|--|
| 6. Name and Address of Current Registered Agent RAYMOND L. HUTCHINS, CPA 3205 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 |
|--|

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HUTCHINS MANAGEMENT SERVICES, INC. 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000611721
 02/02/07-80074-017 50.00

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:  1-23-2007 (904) 273-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #