

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034727

FILED
Apr 11, 2009
Secretary of State

Entity Name: KAZFOUR INVESTMENT GROUP, LLC

Current Principal Place of Business:

136 CLEARLAKE DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

136 CLEARLAKE DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 13-4320557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CASSALA, NICHOLAS T
Address: 136 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: CASSALA, R. GAIL
Address: 136 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: CASSALA, JACQUELINE N
Address: 136 CLEARLAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

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

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: NICHOLAS T. CASSALA

MGRM

04/11/2009

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