


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90023 040 ****50.00

DOCUMENT # L04000043407	
1. Entity Name KC INVESTMENT HOLDINGS, LLC	

Principal Place of Business 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32803	Mailing Address 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32803
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2. Principal Place of Business 61 W. Colonial Dr Suite, Apt. #, etc.	3. Mailing Address 61 W. Colonial Dr Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Zip 32801
Country USA	Country USA

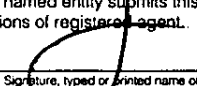
04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1226076	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 61 W. Colonial Dr City Orlando FL Zip Code 32801	
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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 	DATE 4/22/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ODED COHEN 61 W. COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVE KODSI 61 W. COLONIAL DR ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 4/22/05	DAYTIME PHONE # 407 2947921
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