



FILED
May 16, 2007 8:00 am
Secretary of State

04-11-2007 90158 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058175																															
1. Entity Name ADDISON INVESTMENT, L.L.C.																															
Principal Place of Business 12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907		Mailing Address 12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907																													
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK, NY 11042-0020																															
City & State		4. FEI Number 20-1650822																													
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
Country		02132007 Chg-LLC CR2E083 (12/06)																													
6. Name and Address of Current Registered Agent PREISS, MICHELLE A 12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 7 in Code																													
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 renewing) DATE _____																															
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State																													
<table border="1"> <thead> <tr> <th colspan="2">B. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">10.</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR BUIGAS, OJ 12800 UNIVERSITY DRIVE, SUITE 275 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Addison Investment Manager LLC 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK, NY 11042-0020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>				B. MANAGING MEMBERS/MANAGERS		10.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUIGAS, OJ 12800 UNIVERSITY DRIVE, SUITE 275 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addison Investment Manager LLC 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK, NY 11042-0020 <input type="checkbox"/> Change <input checked="" 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	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
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9. 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: 		4/4/07 516 869 9000																													
By: Addison Investment Manager LLC <input checked="" type="checkbox"/> Managing member By: KUBS Income Fund II Business Trust																															

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