

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090436

Entity Name: TKF INVESTMENT GROUP LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

9576 NW 41 ST
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

9576 NW 41 ST
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-2191802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAI KIT, TANG
9576 NW 41 ST
MIAMI, FL 33178 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/MEMBERS:

Title: P () Delete
Name: TANG, SAI KIT
Address: 9576 NW 41 ST
City-St-Zip: MIAMI, FL 33178

Title: TRS () Delete
Name: FUNG, SAMMY
Address: 15723 SW 48 DR
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: KONG, PETER
Address: 2951 SW 139 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TANG, SAI KIT
Address: 9576 NW 41 ST
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change () Addition
Name: FUNG, SAMMY
Address: 15723 SW 48 DR
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Change () Addition
Name: KONG, PETER
Address: 2951 SW 139 AVE
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAI KIT TANG

MGRM

04/28/2005

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