



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000094193</b> 1. Entity Name <b>K.P.K. INVESTMENTS, LLC</b>	
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Principal Place of Business <b>2175 WEST 18TH STREET JACKSONVILLE, FL 32209 US</b>	Mailing Address <b>P.O.BOX 12267 JACKSONVILLE, FL 32209 US</b>
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-2087242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHISM, LORIE L  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204**

**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 \_\_\_\_\_

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

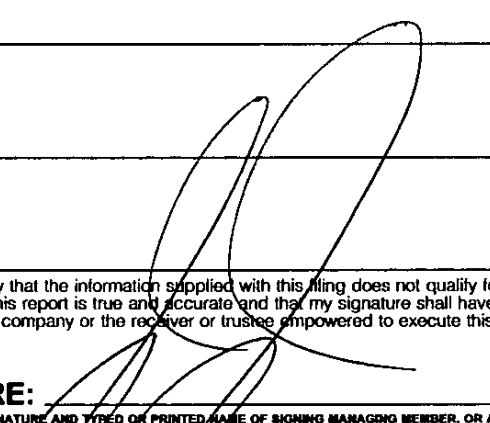
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHISM, LORIE L 4454 PINEY ISLAND COURT FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KUESTER, KENNETH P 2175 W. 18TH STREET JACKSONVILLE, FL 32209</b>
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04/03/07-80007-018 50.00

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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:**  **3/19/07** **904-366-6611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #