

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90042 033 ****50.00

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04032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000008234 1. Entity Name K.R. INVESTMENTS, LLC					
Principal Place of Business 2300 MAITLAND CENTER PARKWAY STE 101 MAITLAND, FL 32751-7410			Mailing Address 2300 MAITLAND CENTER PARKWAY STE 101 MAITLAND, FL 32751-7410		
2. Principal Place of Business - No P.O. Box # 1760 Fennell Street		3. Mailing Address 1760 Fennell Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Maitland FL		City & State Maitland FL		4. FEI Number 20-2249980	
Zip 32751		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KINGSFORD, ROBERT A 2300 MAITLAND CENTER PARKWAY STE 101 MAITLAND, FL 32751-7410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1760 Fennell Street City Maitland FL Zip Code 32751	
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 <u><i>Robert A. Kingsford</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KINGSFORD, ROBERT A ESQ 404 SANDLEWOOD COVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 Shell Point West Maitland FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROCK, ANDREW P ES 3862 WATERCREST DR LONGWOOD, FL 32779	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert A. Kingsford</i></u>				Robert A. Kingsford 4/19/07 407-647-9881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	