

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000032989

Entity Name: KT'S INVESTMENTS LLC

FILED
Oct 26, 2006
Secretary of State

Current Principal Place of Business:

158 GOLFSIDE CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

7207 WEDGEHOLLOW CT
SPRING, TX 77389

Current Mailing Address:

158 GOLFSIDE CIRCLE
SANFORD, FL 32773

New Mailing Address:

7207 WEDGEHOLLOW CT
SPRING, TX 77389

FEI Number: 72-1597658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIDTVAAGE, KRISTEN L
158 GOLFSIDE CIRCLE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

MIDTVAAGE, GARD
337 PINEWILD CT
ORLANDO, FL 32828 US

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: GARD MIDTVAAGE

10/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS () Change (X) Addition
Name: KRISTEN, MIDTVAAGE L
Address: 7207 WEDGEHOLLOW CT
City-St-Zip: SPRING, TX 77389

Title: MR () Change (X) Addition
Name: GARD, MIDTVAAGE
Address: 337 PINEWILD CT
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARD MIDTVAAGE

MGR

10/26/2006

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