


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 003 ***138.75

DOCUMENT # L05000035665	
1. Entity Name K & W INVESTORS, L.L.C.	

Principal Place of Business 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 370 Minorca Ave	3. Mailing Address 370 Minorca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA

00042248



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2667594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Ximena Berrios Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Ave City Coral Gables FL Zip Code 33134	
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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 Ximena Berrios DATE 4.24.08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	370 Minorca Ave Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ximena Berrios <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4.24.08 <small>Date</small>	305-777 0300 <small>Daytime Phone #</small>
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