## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000037112

1. Entity Name KKG INVESTMENTS, LLC



Principal Place of Business

450 NORTH PARK ROAD, STE, 800 HOLLYWOOD, FL 33021

Mailing Address

450 NORTH PARK ROAD, STE. 800 HOLLYWOOD, FL 33021

## **FILED** Mar 05, 2008 8:00 am Secretary of State

03-05-2008 90209 023 \*\*\*150.00

PANTELLO



02262008No Chq-LLC

CR2E083 (12/07)

4. FEI Number 20-2642395 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

COLICHAN LEO

| 450 NORTH PARK ROAD, STE. 800<br>HOLLYWOOD, FL 33021                                    |  | IN THIS SPACE  |   |  |
|---|--|--|---|--|
|   | e named entity submits this statement for the purpose of cha<br>tions of registered agent. | lunging its registered office or registered agent, or both,  | in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. |  | (NOTE: Registered Agent signature required when reinstating) | DATE  |  |
|   | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                 |  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM GOUGHAN, LEO 450 NORTH PARK ROAD, STE. 800 HOLLYWOOD, FL 33021                        |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | -  | DO I   | DO NOT WRITE<br>IN THIS SPACE                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN T   |   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |  |  |   |  |

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MG KM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE