2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

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Entity Name: KPB INVESTMENTS, L.L.C.

Current Principal Place of Business:

12366 EQUINE LANE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12366 EQUINE LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-3134238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAFFE, JOSHUA
12366 EQUINE LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

JAFFE, JOSHUA
10117 CLUBHOUSE TURN RD
LAKE WORTH, FL 33467 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: _____ 01/09/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JAFFE, JOSHUA
Address: 12366 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: KOVACH, PAUL J SR
Address: 12366 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: JAFFE, BEATRICE S
Address: 12366 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JAFFE, JOSHUA
Address: 10117 CLUBHOUSE TURN RD
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSHUA JAFFE MR. 01/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date