2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L05000043457

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 ( )**
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:

JAFFE, JOSHUA
10117 CLUBHOUSE TURN RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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 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. 07/07/2008

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