

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046641

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: K H & C INVESTMENTS, LLC

**Current Principal Place of Business:**

8470 ENTERPRISE CIRCLE  
SUITE 300  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8470 ENTERPRISE CIRCLE  
SUITE 300  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, ALBERT A JR  
8470 ENTERPRISE CIRCLE  
SUITE 300  
LAKEWOOD RANCH, FL 34202 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: MGR  
Name: SANCHEZ, ALBERT A JR  
Address: 8470 ENTERPRISE CIRCLE, SUITE 300  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGR  
Name: SANCHEZ, CARLOYN E  
Address: 8470 ENTERPRISE CIRCLE, SUITE 300  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM  
Name: SANCHEZ, KATE  
Address: 8470 ENTERPRISE CIRCLE, SUITE 300  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM  
Name: SANCHEZ, HARRISON  
Address: 8470 ENTERPRISE CIRCLE, SUITE 300  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM  
Name: SANCHEZ, COLIN  
Address: 8470 ENTERPRISE CIRCLE, SUITE 300  
City-St-Zip: LAKEWOOD RANCH, FL 34202

I hereby 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: ALBERT A. SANCHEZ

MGR

04/28/2011

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