


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90144 024 \*\*\*\*50.00

**DOCUMENT # L05000056119**

1. Entity Name  
**KBS INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**5213 ISLEWORTH COUNTRY CLUB DRIVE**      **5213 ISLEWORTH COUNTRY CLUB DRIVE**  
**WINDEREMERE, FL 34786**      **WINDEREMERE, FL 34786**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07182006    Chg-LLC    CR2E083 (11/05)

**6. Name and Address of Current Registered Agent**

**GASDICK, MICHAEL J ESQ**  
**390 N. ORANGE AVE.**  
**SUITE 260**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

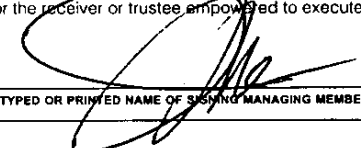
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**10. ADDITIONS / CHANGES**

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*Handwritten entry:*  
**TITLE: MBR**  
**NAME: ALBERT STONE**  
**STREET ADDRESS: 5213 ISLEWORTH CC DRIVE**  
**CITY-ST-ZIP: WINDEREMERE, FL 34786**

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:**       **7/26/06**      **407-765-4455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #