## 2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

## FILED Feb. 16, 2007 08:00 AN **DOCUMENT # L05000058965** Secretary of State 1. Entity Name KD INVESTMENT LLC Principal Place of Business Mailing Address 1410 E. 17TH AVE 4521 16TH AVE SOUTH TAMPA, FL 33605 TAMPA, FL 33619 01232007No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3147444 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LE, KHOI DO NOT WRITE **4521 16TH AVE SOUTH TAMPA, FL 33619** IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered goest and title if armicuble (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM MLE LE, KHOI NAME STREET ADDRESS 4521 16TH AVE SOUTH CITY-ST-ZIP TAMPA, FL 33619 TITLE MORM TRAN, DE NAME STREET ADDRESS 4521 16TH AVE SOUTH TAMPA, FL 33619 CSTY-57-789 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE NARKE STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained 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.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP