

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066187

Entity Name: KLA INVESTMENTS, LLC

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

P.O.BOX 145492
CORAL GABLES, FL 33144

New Principal Place of Business:

P.O.BOX 145492
CORAL GABLES, FL 33114

Current Mailing Address:

P.O.BOX 145492
CORAL GABLES, FL 33144

New Mailing Address:

P.O.BOX 145492
CORAL GABLES, FL 33114

FEI Number: FEI Number Applied For (X) 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:

ARIAS, LOURDES G
45 SW 19 ROAD
FLORIDA, FL 33125 US

Name and Address of New Registered Agent:

ARIAS, MONICA
5836 SW 25 STREET
MIAMI, FL 33155 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: MONICA ARIAS

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARIAS, JOSE
Address: 12950 SW 48 STREET
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: ARIAS, MONICA
Address: 5836 SW 25 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ARIAS, LOURDES G
Address: 45 SW 19 ROAD
City-St-Zip: MIAMI, FL 33125

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: LOURDES ARIAS

MGR

05/04/2006

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