

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077749

FILED
Mar 26, 2009
Secretary of State

Entity Name: ALLEN KONRAD PRIVATE EQUITY INVESTORS LLC

Current Principal Place of Business:

1877 S. FEDERAL HIGHWAY
SUITE 101
BOCA RATON, FL 33432

New Principal Place of Business:

6600 N. ANDREWS AVENUE
SUITE 282
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1877 S. FEDERAL HIGHWAY
SUITE 101
BOCA RATON, FL 33432

New Mailing Address:

6600 N. ANDREWS AVENUE
SUITE 282
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-3272838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, TIMOTHY L
1877 S. FEDERAL HWY
SUITE 101
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

RAFFERTY, WILLIAM L JR.
1401 BRICKELL AVENUE
SUITE 825
MIAMI, FL 33131 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: WILLIAM L, RAFFERTY, JR.

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN KONRAD PRIVATE, EQUITY MANAGE M ENT COR
Address: 1877 S. FEDERAL HWY SUITE 1
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KONRAD INVESTMENT MA, NAGEMENT CORP.
Address: 6600 N. ANDREWS AVENUE, SUITE 282
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ROBERT KONRAD

MGR

03/26/2009

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