


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000081108 1. Entity Name KTL INVESTMENT LLC	
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Principal Place of Business 6880 SAND TRAP DRIVE, NO. 3 FORT MYERS, FL 33919	Mailing Address 425 WATERTOWN STREET, SUITE 103 NEWTON, MA 02458
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04092008 No Chg-LLC

CR2E083 (12/07)


DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2852327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARINO, LAWRENCE 6880 SAND TRAP DRIVE, NO. 3 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

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 <u>LAWRENCE MARINO</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4/30/08</u> <small>DATE</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARDEN, KEVIN 28 NOBLE STREET NEWTON, MA 02465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASILE, ANTHONY 11047 SEMINOLE PALM WAY FT. MYERS, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, LAWRENCE 6880 SAND TRAP DRIVE, NO. 3 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U00000951999 06/04/08-80061-027 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4/30/08</u> <small>Date</small>	<u>410-977-1207</u> <small>Daytime Phone #</small>
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