


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097354	
1. Entity Name KSI INVESTMENTS, LLC	

Principal Place of Business 101 N. STATE ROAD 7 SUITE 117 MARGATE, FL 33063	Mailing Address 101 N. STATE ROAD 7 SUITE 117 MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



04092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0131102	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, PA
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, KAREN 101 N. STATE ROAD 7, SUITE 117 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, STEVE 101 N. STATE ROAD 7, SUITE 117 MARGATE, FL 33063
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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: Karen Thompson Date: 4/9/2007

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