

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

DOCUMENT # L05000109315 1. Entity Name KCG INVESTMENTS, LLC			
Principal Place of Business 2 SOUTH BISCAYNE BOULEVARD 2670 MIAMI, FL 33131 US		Mailing Address 2 SOUTH BISCAYNE BOULEVARD 2670 MIAMI, FL 33131 US	
2. Principal Place of Business 2900 GLADES CIRCLE Suite, Apt. #, etc. 850		3. Mailing Address 2900 GLADES CIRCLE Suite, Apt. #, etc. 850	
City & State WESTON FL		City & State WESTON, FL	
Zip 33327		Zip 33327	
Country FLORIDA		Country FLORIDA	
4. FEI Number 20-3855340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESQ. 2 SOUTH BISCAYNE BOULEVARD 2670 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name RAUL BRICEÑO Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE, SUITE 850 City WESTON FL Zip Code 33327	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE DECEMBER 6, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME VITALE, CARLO	<input type="checkbox"/> Delete	
STREET ADDRESS 2 SOUTH BISCAYNE BOULEVARD, 2670	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33131	2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS NAME	600082640656		
CITY-ST-ZIP NAME	12/19/06--01033--006 **50.00		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS NAME	REINSTATEMENT 2006		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		DATE Dec 6, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 954-3490391	