


# 2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90049 031 \*\*\*\*50.00

<b>DOCUMENT # L05000109315</b>			
1. Entity Name KCG INVESTMENTS, LLC			
Principal Place of Business 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327 US		Mailing Address 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327 US	
2. Principal Place of Business - No P.O. Box # 1518 NE 11 ST.		3. Mailing Address 2900 GLADES CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 850	
City & State FORT LAUDERDALE, FLORIDA		City & State WESTON, FLORIDA	
Zip 33304	Country U.S.	Zip 33327	Country U.S.

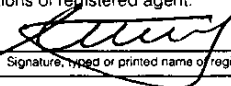


01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3855340		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRICENO, RAUL 2900 GLADE CIRCLE SUITE 850 WESTON, FL 33327		7. Name and Address of New Registered Agent Name CARLO VITALE Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE SUITE 850 City WESTON FL Zip Code 33327	
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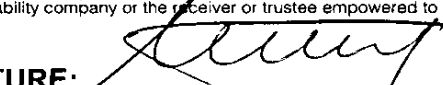
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 01/25/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VITALE, CARLO 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARLOS ALBERTO VITALE HEDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARIA DEL PILAR PEREZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 01/25/2007 954-349-0351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #