


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 015 ****50.00

DOCUMENT # L06000019790	
1. Entity Name KARO INVESTMENTS, LLC.	

Principal Place of Business 670 NORTH ORLANDO AVENUE, SUITE 1015 MAITLAND, FL 32751	Mailing Address 670 NORTH ORLANDO AVENUE, SUITE 1015 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box # 1201 Louisiana Avenue	3. Mailing Address 1201 Louisiana Avenue
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32789	Country Orange



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4399678		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 DULIN, RAMSEY W 201 EAST PINE STREET, SUITE 425 ORLANDO, FL 32801-2717		7. Name and Address of New Registered Agent Name John J. Roper Street Address (P.O. Box Number is Not Acceptable) 1201 Louisiana Avenue, Suite 101 City Winter Park FL Zip Code 32789

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 John J. Roper 4-20-07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member/Manager <input type="checkbox"/> Delete John J. Roper 1201 Louisiana Ave: Suite 101 Winter Park, FL 32789	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
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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: John J. Roper 4-20-07 407-628-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #