




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 014 ***138.75

DOCUMENT # L06000056544					
1. Entity Name KINGS ANGLE INVESTORS, LLC					
Principal Place of Business 2101 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145			Mailing Address 3191 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145		
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 308		3. Mailing Address 2528 CORAL WAY Suite, Apt. #, etc. 308		60011687 	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-5704964	
Zip 33145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAVARES DE MELO, PAULO 3101 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145				7. Name and Address of New Registered Agent Name JANE Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY # 308 City MIAMI FL Zip Code 33145	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, PAULO <input type="checkbox"/> Delete 3101 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY #308 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, EDUARDO <input type="checkbox"/> Delete 3191 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY #308 MIAMI, FL 33145	
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	
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: 			2/22/2008 305.567.1167		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		