

**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      Mailing Address

~~3191 CORAL WAY, SUITE 624~~      ~~3191 CORAL WAY, SUITE 624~~  
~~CORAL GABLES, FL 33145~~      ~~CORAL GABLES, FL 33145~~

**60011687**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2828 CORAL WAY**      **2828 CORAL WAY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**308**      **308**

01312008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33145**      **USA**      **33145**      **USA**

4. FEI Number      Applied For

**20-5704964**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

    

6. Name and Address of Current Registered Agent

**TAVARES DE MELO, PAULO**  
~~3191 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**      State: **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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$536.75		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>TAVARES DE MELO, PAULO</b>	TITLE <b>JANE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>3191 CORAL WAY, SUITE 624</del>	CITY-ST-ZIP <del>CORAL GABLES, FL 33145</del>	STREET ADDRESS <b>2828 CORAL WAY # 308</b>	
		CITY-ST-ZIP <b>MIAMI, FL, 33145</b>	
TITLE <b>MGR</b>	NAME <b>TAVARES DE MELO, EDUARDO</b>	TITLE <b>JANE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>3191 CORAL WAY, SUITE 624</del>	CITY-ST-ZIP <del>CORAL GABLES, FL 33145</del>	STREET ADDRESS <b>2828 CORAL WAY # 308</b>	
		CITY-ST-ZIP <b>MIAMI, FL, 33145</b>	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *P. Tavares de Melo*      2/22/2008      305.567.1163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #