

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093127

FILED
May 03, 2007
Secretary of State

Entity Name: KOCH INVESTMENT GROUP, LLC

Current Principal Place of Business:

6908 PORTILLO STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE SUITE #700
COCONUT CREEK, FL 33133

New Mailing Address:

C/O CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE SUITE #700
COCONUT CREEK, FL 33133

FEI Number: 20-5737613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SANTIAGO ELJAEK, MANAGER

05/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOCH, KIM
Address: 6908 PORTILLO STREET
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIM KOCH

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date