## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2008 08:00 A Secretary of State

Daytime Phone #

ANNUAL REPORT				Apr 14, 2008 08:0 Secretary of St	
DOCUMENT # L06000110015					Secretary of Si
Entity Name     K PASA INVESTMENTS, LLC					*
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Principal Plac	ce of Business	Mailing Address	1.000		}
975 W 22NI	O STREET 1997 THE STREET	975 W 22ND STREET			
HIALEAH, FL	. 33010	HIALEAH, FL 33010	-		
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	ONOT WRITE	IN THIS SDA	CE .	04112008No Chg-LLC	CR2E083 (12/07)
			YL.	4. FEI Number 32-0186979	Applied For Not Applicable
		and the second s		5. Certificate of Status Desired	□ \$5.00 Additional Fee Required
* * * * * * * * * * * * * * * * * * *	6. Name and Address of Current Re				Contraduction (Contraduction)
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11098 BIS MIAMI, FL	CAYNE BLVD., STE. 205 . 33161				
				IN THIS S	
6 The show				A A Fair 1 To 1. Hall	
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 Signature, typed or printed name of registered agent and bits if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
		the alphicage (MOLE deficience	o Agent signature required	( wen reinstating)	DATE
After Ma	E NOW!!! FEE IS \$138.75 y,1, 2008 Fee will be \$538.75	्रेश्चर १ वर्ष			
9.	. — MANAGING MEMBERS	graph andoloct MANAGERS	1 1 1 1 1 1 1 1 1		me <u>94417</u> X-20027-01071387 <b>7</b> 577
TITLE	MGRM KAPLAN, WARREN				
STREET ADDRESS	975 W 22ND STREET				
CITY-ST-ZIP	HIALEAH, FL 33010				
NAME					
STREET ADDRESS CITY-ST-ZIP			* * * * * * * * * * * * * * * * * * * *		
TITLE NAME		<del>.</del>			
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STREET ADDRESS CITY-ST-ZIP					
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NAME					albrahi a
STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 factorate 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 648. Florida Statutes

PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND