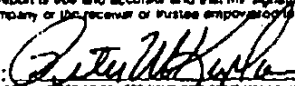


FILED
Jun 11, 2007 8:00 am
Secretary of State

04-03-2007 90124 045 ***150.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L06000119778			
1. Entry Name KKF CAPITAL INVESTORS, LLC			
Principal Place of Business 28 S.E. FOURTH STREET BOCA RATON FL 33432		Mailing Address 28 S.E. FOURTH STREET BOCA RATON FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 208088820		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAPLAN, PETER M 28 S.E. FOURTH STREET BOCA RATON FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 also of limited liability company (if registered agent is not a limited liability company)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	Managing Member Peter M. Kaplan 7031 Islegrave Place Boca Raton, FL 33433 ☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Peter M. Kaplan,		Member 3/21/07 561-362-4242	
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			