2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 21, 2008 8:00 am Secretary of State DOCUMENT # L06000119778 08-21-2008 90020 011 ***138.75 KKF CAPITAL INVESTORS, LLC Principal Place of Business Mailing Address **DUU4DUAU** 28 S.E. FOURTH STREET 28 S.E. FOURTH STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 450 NE 20th Street 450 NE 20th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 08132008 Chg-LLC CR2E083 (12/06) Suite 111 Suite 111 City & State City & State 4. FEI Number Applied For 20-8088820 Boca Raton, Florida Boca Raton, Florida Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33431 U.S.A 33431 U.S.A. 7. Name and Address of M& Registered Agent 6. Name and Address of Current Registered Agent Peter M. Kaplan, Managing Partner KAPLAN, PETER M Street Address (P.O. Box Number is Not Acceptable) 450 NE 20th Street 28 S.E. FOURTH STREET BOCA RATON, FL 33432 Suite 111 City Boca Raton, 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAPLAN, PETER M NAME NAME STREET ADDRESS 7031 ISLEGROVE PL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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.

Peter M. Kaplan, MGRM

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/20/08

<u>561-362-4242</u>

Davtime Phone #

FILED



ATTACHMENT

August 20, 2008

Division of Corporations Annual Report P.O. Box 6478 Tallahassee, FL 32314

Re: 2008 Limited Liability Company Annual Report KKF Capital Investors, LLC - Document #L06000119778

Gentlemen:

I have <u>never</u> received any notice requesting payment for the above subject company annual fee. The first written notification of this matter that I received came in the form of a postcard entitled "Notice of Intent to Dissolve."

Therefore I am enclosing a check in the amount of \$138.75 along with a signed copy of the Annual Report.

Very Truly Yours,

KKF CAPITAL INVESTORS, LLC

Peter M. Kaplan, Managing Partner

Encs/Via FedEx