

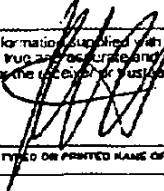
May 13 08 01:31p

Kurt Von Hofman

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90113 046 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                  |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000066669</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                 |                                                                   |
| 1. Entity Name<br>KVH INVESTMENTS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>201 S. NARCISSUS AVENUE<br>#1102<br>WEST PALM BEACH, FL 33401 US                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | Mailing Address<br>PO BOX 2503<br>PALM BEACH, FL 33480 US                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | 3. Mailing Address                                                                                                               |                                                                   |
| State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | State, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                                                                                 | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>26-0422427                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | \$5.00 Additional Fee Required                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br>SAUERBERG, ERIC M<br>200 VILLAGE SQUARE CROSSING<br>SUITE 102<br>PALM BEACH GARDEN, FL 33410                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 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 _____ DATE _____<br><small>Signature, if other person name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)</small>                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                  |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>VON HOFFMAN, KURT<br>201 S. NARCISSUS AVENUE, #1102<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                                         |                                                                                                                                  |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | Date: 4/10/08                                                                                                                    |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | Date                                                                                                                             |                                                                   |

30006791



04052008 Chg-LLC CR2ED033 (12/06)

**ATTACHMENT**  
**LKD**  
LAMN, KRIELOW, DYTRYCH & CO.  
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

CHARLES L. LAMN, CPA  
GARY R. KRIELOW, CPA  
MARTIN A. DYTRYCH, CPA  
GARTH E. ROSENKRANCE, CPA  
JOANN L. WAGNER, CPA  
MICHAEL R. DILLON, CPA

30006791  
#LD7000066669

500 University Blvd., Suite 215  
Jupiter, FL 33458  
(561) 694-1040 Fax (561) 626-2158  
www.lkdcpa.com

**CERTIFIED – RETURN RECEIPT REQUESTED**

May 15, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

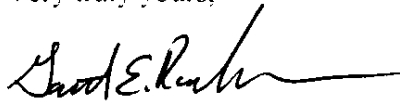
Re: KVH Investments, LLC

Dear Sir/Madam:

In response to your attached letter dated April 29, 2008, the federal employee identification number for KVH Investments, LLC is 26-0422427.

Please let me know if anything further is required.

Very truly yours,



Garth E. Rosenkrance

/dhk

Encl.

c: Mr. Von Hofmann

LASEC\KVH Investments LLC.doc