2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # L07000074903 1. Entity Name KAYSER PROPERTIES INVESTMENTS LLC					04-23-2008	90122 017 ***1	43.75	
Principal Place of Business 5816 COVINGTON COVE WAY ORLANDO, FL 32829 US Mailing Address 5816 COVINGTON COVE ORLANDO, FL 32829 ORLANDO, FL 32829		WAY		1 22111 1222 22111 2211 2211	#8(4 1881) (1815 1811) BOLDO	****		
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	- -3225182	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
ECHEVERRIA, CESAR 5816 COVINGTON COVE WAY ORLANDO, FL 32829				Name Street Address (P.O. Box Number is Not Acceptable)				
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or regis	stered agent, or bo	th, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
FILE		5			Make Florida	check payable to Department of Stat		
FILE			10.		Make Florida ADDITIONS/I	Department of Stat	1157.	
FILE After May	/ 1, 2008 Fee will be \$538.7		10. TITLE		Florida	Department of Stat	e Addition	
FILE After May	MANAGING MEMBE MGR ECHEVERRIA, CESAR	ERS/MANAGERS			Florida	Department of Stat		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ECHEVERRIA, CESAR 5816 COVINGTON COVE WAY	ERS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR ECHEVERRIA, CESAR 5816 COVINGTON COVE WAY ORLANDO, FL 32829	ERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of State CHANGES Change	Addition	
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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 affect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURI

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

04-17.-08

407-929 0522

Daytime Phone #