


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90065 040 \*\*\*138.75

<b>DOCUMENT # L07000118070</b>					
1. Entity Name <b>KABJA INVESTMENT, LLC</b>					
Principal Place of Business <b>14370 HALTER ROAD WEST PALM BEACH, FL 33414</b>			Mailing Address <b>14370 HALTER ROAD WEST PALM BEACH, FL 33414</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>2759872</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRADEN, LISA 4623 FOREST HILL BLVD., SUITE 111 WEST PALM BEACH, FL 33415</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, word or printed name of individual agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$338.75</b>					
9. <b>MANAGING MEMBERS / MANAGERS</b>					
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AQUA, AMY		NAME		
STREET ADDRESS	14370 HALTER ROAD		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33414		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AQUA, KEITH		NAME		
STREET ADDRESS	14370 HALTER ROAD		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33414		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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 Statute. 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 606, Florida Statutes.					
SIGNATURE: _____ DATE: <b>4/23/08</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					