

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90152 050 \*\*\*138.75

**DOCUMENT # L07000119153**

1. Entity Name  
**K.J. REAL ESTATE INVESTMENTS, LLC**



Principal Place of Business

**424 E CENTRAL BLVD  
# 106  
ORLANDO, FL 32801 US**

Mailing Address

**424 E CENTRAL BLVD  
# 106  
ORLANDO, FL 32801 US**

**50004451**



2. Principal Place of Business - No P.O. Box #  
**2015 S TUTTLE AVE**

3. Mailing Address  
**2015 S TUTTLE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number **98-0559390** Applied For  
Not Applicable

Zip Country  
**34239 USA**

Zip Country  
**34239 USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SZAFRICKS, IMRE  
424 E CENTRAL BLVD  
#106  
ORLANDO, FL 32801**

## 7. Name and Address of New Registered Agent

Name **Imworld Services, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**424 E Central Blvd # 106**  
City **Orlando** **FL** Zip Code **32801**

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 **Imre Szafricks**

**1/22/2008**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KOCSIS, JOZSEF L**  
STREET ADDRESS **PUSKIN UTCA 7**  
CITY-ST-ZIP **MONOR, HUNGARY, HU 2200**

TITLE **MGRM** ☐ Delete  
NAME **KOCSIS, JOZSEF G**  
STREET ADDRESS **KAZINCZY UTCA 6/B**  
CITY-ST-ZIP **MONOR, HUNGARY, HU 2200**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

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

Date

Daytime Phone #

**JOZSEF KOCSIS 03/27/2008**