

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000014973

**FILED**  
**May 22, 2009**  
**Secretary of State****Entity Name:** KERV INVESTMENTS, LLC**Current Principal Place of Business:**4690 S. UNIVERSITY DR.  
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**4690 S. UNIVERSITY DR.  
DAVIE, FL 33328**New Mailing Address:****FEI Number:** 26-2137142**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DON, IRVING  
4690 S. UNIVERSITY DR.  
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**SACK, KENNETH  
4690 S. UNIVERSITY DR.  
DAVIE, FL 33328 US

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.

SIGNATURE: KENNETH SACK

05/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** SACK, KENNETH  
**Address:** 6829 QUEENFERRY CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33496**Title:** MGR (X) Delete  
**Name:** DON, IRVING  
**Address:** 17837 FIELDBROOK CIRCLE W.  
**City-St-Zip:** BOCA RATON, FL 33496**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** SACK, KENNETH  
**Address:** 4690 SOUTH UNIVERSITY DRIVE  
**City-St-Zip:** DAVIE, FL 33328**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH SACK

MGR

05/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date