

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091897

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** KA FAMILY INVESTMENTS, LLC

**Current Principal Place of Business:**

801 BRICKELL AVENUE  
PH - 2  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

801 BRICKELL AVENUE  
PH - 2  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-3995156      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BEZOLD, TOM  
Address: 801 BRICKELL AVENUE PH - 2  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: ALIBHAI, KARIM  
Address: 801 BRICKELL AVENUE PH -2  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: BEZOLD, TOM  
Address: 801 BRICKELL AVENUE PH 2  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: LAKE, GARY  
Address: 801 BRICKELL AVENUE PH 2  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: BIKULEGE, JUDI  
Address: 801 BRICKELL AVENUE PH 2  
City-St-Zip: MIAMI, FL 33131

Title: AS  
Name: LEVITT, JULIE  
Address: 801 BRICKELL AVENUE PH 2  
City-St-Zip: MIAMI, FL 33131

I hereby 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: TOM BEZOLD

VP

04/05/2011

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