


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000638 1. Entity Name KG INVESTMENTS, L.L.C.	
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Principal Place of Business 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635	Mailing Address 4300 WEST CYPRESS ST SUITE 900 TAMPA, FL 33607
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01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567131	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SALAS, RICARDO 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

000000296412
04/09/05-80066-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERRELLI, RICHARD 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALAS, RICARDO A 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANCE, F. LANE M.D. 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-19-05

813-262-9321