2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90046 046 ****50.00

DOCUMENT # M04000002799

1. Entity Name

KIP PRAHL ASSOCIATES LLC

Principal Place of Business	Mailing Address
4100 WEST KENNEDY BOULEVARD ~~SUITE 302~~ TAMPA FL 33609	~~43801 MISSION BLVD., SUITE 202~~ ~~FREMONT CA 94538~~

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2441 Production Dr.	
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc. Ste 103	
City & State		City & State Indpls IN	
Zip	Country	Zip 46241	Country USA

4. FEI Number 20-1147668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MERCURE, CHANCE~~ 4100 WEST KENNEDY BOULEVARD SUITE ~~302~~ TAMPA FL 33609	Name Jon Maloney Street Address (P.O. Box Number is Not Acceptable) Ste 304 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 [signature] 7/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KPA MANAGEMENT INC.		NAME		
STREET ADDRESS	55 MADISON STREET, SUITE 680		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80206		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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] 7/30/07 (317)242-4789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #