

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121314

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** KIFARU CAPITAL PARTNERS, LLC.

**Current Principal Place of Business:**

5225 OFFICE PARK BLVD  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 344  
ELLENTON, FL 34222

**New Mailing Address:**

5225 OFFICE PARK BLVD  
BRADENTON, FL 34203

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LYONS, TONY  
5225 OFFICE PARK BLVD  
BRADENTON, FL 34203 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: HSSN FAMILY LIMITED PARTNERSHIP  
Address: 5256 S MISSION RD, STE 302  
City-St-Zip: BONSALL, CA 92003

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: HSSN FAMILY LIMITED PARTNERSHIP

MGR

03/30/2012

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