

2001 UNIFORM BUSINESS REPORT (UBR)

0002179 AF

DOCUMENT # L00000008932

1. Entity Name
KAPAJEN, LLC

Principal Place of Business
6083 SABAL CREEK BOULEVARD
PORT ORANGE FL 32124-7138

Mailing Address
6083 SABAL CREEK BOULEVARD
PORT ORANGE FL 32124-7138

FILED

01 FEB 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3663103

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

FLANNERY, PATRICK L
6083 SABAL CREEK BOULEVARD
PORT ORANGE FL 32124-7138

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS FLANNERY, PATRICK L
CITY-ST-ZIP 6083 SABAL CREEK BOULEVARD
PORT ORANGE FL 32124-7138

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 000003768150--9

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick L Flannery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/01 386 767-3922
Date Daytime Phone #

CR2E083 (11/00)