

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0024150

**DOCUMENT # L00000008932**

1. Entity Name

**KAPAJEN, LLC**

02-05-2002 90061 049 \*\*\*\*\*55.00

Principal Place of Business

**6083 SABAL CREEK BOULEVARD  
PORT ORANGE FL 32124-7138**

Mailing Address

**6083 SABAL CREEK BOULEVARD  
PORT ORANGE FL 32124-7138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**6083 SABAL CREEK BLVD**

Suite, Apt. #, etc.

**6083 SABAL CREEK BLVD**

City &amp; State

**PORT ORANGE, FL**

City &amp; State

**PORT ORANGE, FL**

Zip

**32128**

Country

**USA**

Zip

**32128**

Country

**USA**

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

**FLANNERY, PATRICK L.**

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

**6083 SABAL CREEK BLVD**

City

**PORT ORANGE**

FL

Zip Code

**32128**

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

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLANNERY, PATRICK L</b>	
STREET ADDRESS	<b>6083 SABAL CREEK BOULEVARD</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32124-7138</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>FLANNERY, PATRICK L.</b>	
STREET ADDRESS	<b>6083 SABAL CREEK BLVD</b>	
CITY-ST-ZIP	<b>PORT ORANGE, FL 32128</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 PATRICK L. FLANNERY 1/26/2002 386-767-3922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)