

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008932

1. Entity Name
KAPAJEN, LLC



Principal Place of Business
**6083 SABAL CREEK BLVD
PORT ORANGE, FL 32128 US**

Mailing Address
**6083 SABAL CREEK BLVD
PORT ORANGE, FL 32128 US**

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01282004 No Chg-LLC

CR2E083 (10/03)

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

**FLANNERY, PATRICK L
6083 SABAL CREEK BOULEVARD
PORT ORANGE, FL 32128**

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANNERY, PATRICK L 6083 SABAL CREEK BLVD PORT ORANGE, FL 32128
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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: *Patrick L Flannery* **PATRICK L. FLANNERY** *1/28/2004* *386 767-3922*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #