2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 25, 2008 08:00 A Secretary of State

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1. Entity Name KAILEE LLC



Principal Place of Business

620 SW 101 AVE. PLANTATION, FL 33324 Mailing Address

620 SW 101 AVE. PLANTATION, FL 33324



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-2030176 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

LEUNG, WANDA 620 SW 101 AVE. PLANTATION, FL 33324

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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)

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FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEUNG, WANDA
STREET ADDRESS	620 SW 101 AVE.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	LEUNG, JEFFREY
STREET ADDRESS	620 SW 101 AVE.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	,
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes it 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 it am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

Allude Coup ind typed or printed name of signing managing member, or authorized representative 1/22/08

954-382 - 9178

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