LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2004 8:00 am
Secretary of State
04-09-2004 90213 043 ****50.00

DOCUMENT # L02000004774

1. Entity Name
KADARAGE I LLC

DO NOT WRITE IN THIS SPACE

34006713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
902 INLET DRIVE	902 INLET DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State: MARCO ISLAND, FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

4. FEI Number: 01-0602249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: CHRISTOPHER ROCHE

Street Address: (P.O. Box Number is Not Acceptable)
229 NORTH COLLIER BLVD.

City: MARCO ISLAND FL Zip Code: 34145

6. 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: _____ DATE: _____

FEE IS $35.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/MANAGER RAYMOND HAMWAY 902 INLET DRIVE MARCO ISLAND FL. 34145	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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(2002) B30CR3

10. 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: Raymond Hamway 4/21/04 239 389 0848
SIGNATURE AND/OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #