


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	LOZUUU4774	
1. Entity Name	KAPARAGE I LLC	

FILED

03 APR 29 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		City & State	
MARCO ISLAND, FL		MARCO ISLAND, FL	
Zip	Country	Zip	Country
34145	USA	34145	USA

DO NOT WRITE IN THIS SPACE

<p>DO NOT WRITE IN THIS SPACE</p>	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	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		

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.

DATE

FEE IS \$50.00

**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	200017305972 04/29/03--01150--015 **50.00
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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)(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:

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

Date

Daytime Phone #

4/1/03 259 389044

CR2E083B (12/02)