2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L02000033453

Entity Name: KAVI LLC

Current Principal Place of Business:

8845 N MILITARY TRL STE 100
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8845 N MILITARY TRL STE 100
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 03-0502627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPILA, ARVIND MD
127 SPINNAKER LANE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KAPILA, ARVIND MD	
Address:	127 SPINNAKER LANE	
City-St-Zip:	JUPITER, FL 33477	
Title:	MGRM	( ) Delete
Name:	KAPILA, SNEH	
Address:	127 SPINNAKER LANE	
City-St-Zip:	JUPITER, FL 33477	
Title:	MGRM	( ) Delete
Name:	VIRALAM, SETTY G MD	
Address:	800 HARBOUR ISLES CRT	
City-St-Zip:	NORTH PALM BEACH, FL 33410	
Title:	MGRM	( ) Delete
Name:	VIRALAM, PRAGHAVATHI K	
Address:	800 HARBOUR ISLES CRT	
City-St-Zip:	NORTH PALM BEACH, FL 33410	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARVIND KAPILA, MD MGRM 01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date