

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009896

Entity Name: KAI-KAI, LLC

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8006 SW KANNER HWY  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

8895 NORTH MILITARY TRAIL  
SUITE 203-D  
PALM BEACH GARDENS, FL 334106277 US

**New Mailing Address:**

FEI Number: 90-0061992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FROST, CARL S  
8895 NORTH MILITARY TRAIL  
SUITE 203-D  
PALM BEACH GARDENS, FL 334106277 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  
Name: FROST, CARL S  
Address: 8895 NORTH MILITARY TRAIL SUITE 203-D  
City-St-Zip: PALM BEACH GARDENS, FL 334106277 US

Title: MGRM  
Name: CORDEAU, DIANE  
Address: 8895 NORTH MILITARY TRAIL SUITE 203-D  
City-St-Zip: PALM BEACH GARDENS, FL 334106277 US

I hereby 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: CARL FROST

MBRM

02/25/2010

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