2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L03000014459

Entity Name: KASI ENTERPRISES, LLC

Current Principal Place of Business:

1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0005314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GADDIPATI, KALYANI M.D.
1061 MEDICAL CENTER DR., STE. 210
ORANGE CITY, FL 32763 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/MEMBERS:

Title: MGR ( ) Delete
Name: GADDIPATI, KALYANI
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM ( ) Delete
Name: GADDIPATI, SIVA R
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GADDIPATI, KALYANI
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

Title: MGR (X) Change ( ) Addition
Name: GADDIPATI, SIVA R
Address: 1061 MEDICAL CENTER DR, STE 210
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KALYANI GADDIPATI MGRM 04/28/2005

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