

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022142

FILED
Jul 24, 2008
Secretary of State

Entity Name: KEKAJA, LLC

Current Principal Place of Business:

11025 GIRASOL AVENUE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

11025 GIRASOL AVENUE
CORAL GABLES, FL 33156

New Mailing Address:

11025 GIRASOL AVE.
CORAL GABLES, FL 33156

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE SEVENTH FL
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CORPCO, INC.
1 S.E. 3RD AVE.
MIAMI, FL 33131 US

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:

07/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOX, GARY D
Address: 11025 GIRASOL AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR () Delete
Name: FOX, ROBIN C
Address: 11025 GIRASOL AVENUE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

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: GARY D. FOX

MGR

07/24/2008

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