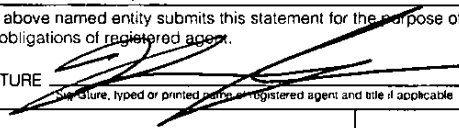
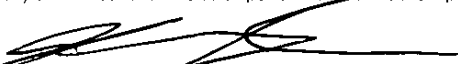


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State


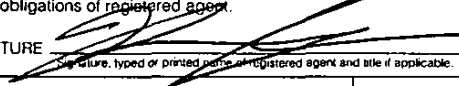
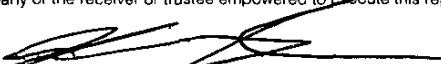
04-17-2007 90253 028 ****50.00

DOCUMENT # L03000025039 1. Entity Name KAI ENTERPRISES, LLC					
Principal Place of Business 6620 DANIELS ROAD NAPLES, FL 34109 US			Mailing Address 6620 DANIELS ROAD NAPLES, FL 34109 US		
2. Principal Place of Business - No P.O. Box # 766 17TH AVENUE SOUTH <small>Suite, Apt. #, etc.</small>		3. Mailing Address 766 17TH AVENUE SOUTH <small>Suite, Apt. #, etc.</small>			
City & State NAPLES, FLORIDA <small>Zip</small> 34102 <small>Country</small> USA		City & State NAPLES, FLORIDA <small>Zip</small> 34102 <small>Country</small> USA		4. FEI Number 83-0377021	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, KEVIN J 6620 DANIELS ROAD NAPLES, FL 34109					
7. Name and Address of New Registered Agent Name THOMAS, KEVIN J. Street Address (P.O. Box Number is Not Acceptable) 766 17TH AVENUE SOUTH City NAPLES FL <small>Zip Code</small> 34102					
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, KEVIN 6620 DANIELS ROAD NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, KEVIN 766 17TH AVENUE SOUTH NAPLES, FLORIDA 34102
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

66037747

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2. Principal Place of Business - No P.O. Box # 766 17TH AVENUE SOUTH <small>Suite, Apt. #, etc.</small>		3. Mailing Address 766 17TH AVENUE SOUTH <small>Suite, Apt. #, etc.</small>			
City & State NAPLES, FLORIDA <small>Zip</small> 34102 <small>Country</small> USA		City & State NAPLES, FLORIDA <small>Zip</small> 34102 <small>Country</small> USA		4. FEI Number 83-0377021	
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM THOMAS, KEVIN 6620 DANIELS ROAD NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM THOMAS, KEVIN 766 17TH AVENUE SOUTH NAPLES, FLORIDA 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>Date</small>				<small>Daytime Phone #</small>	