

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90513 024 ***138.75

DOCUMENT # L03000025039	
1. Entity Name KAI ENTERPRISES, LLC	

Principal Place of Business 766 17TH AVE SOUTH NAPLES, FL 34102 US	Mailing Address 766 17TH AVE SOUTH NAPLES, FL 34102 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04292008 Chg-LLC CR2E083 (12/06)

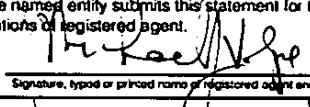
4. FEI Number 83-0377021	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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THOMAS, KEVIN J 766 17TH AVE SOUTH NAPLES, FL 34102	Name Volpe, Michael J Street Address (P.O. Box Number is Not Acceptable) 711 FIFTH AVE S. SUITE 201 40 ROBINS KAPLAN MILLER City NAPLES FL Zip Code 34102
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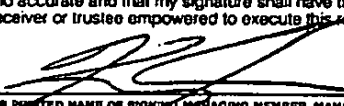
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE 	DATE 4-30-08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, KEVIN 766 17TH AVE SOUTH NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 	DATE 4/29/08	DAYTIME PHONE # 239-253-6777
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