FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90513 024 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025039

1. Entity Name
KAI ENTERPRISES, LLC

60043771

Principal Place of Business	Mailing Address
766 17TH AVE SOUTH NAPLES, FL 34102 US	766 17TH AVE SOUTH NAPLES, FL 34102 US

04292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 83-0377021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, KEVIN J
766 17TH AVE SOUTH
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name: Volpe, Michael J
Street Address (P.O. Box Number is Not Acceptable): 711 FIFTH AVE S. SUITE 201
C/O ROBINS KAPLAN MILLER
City: NAPLES FL Zip Code: 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 [signature] 4-30-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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 766 17TH AVE SOUTH NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/29/08 239-253-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #