

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000032345**

1. Entity Name  
**KAUAI FAMILY PARTNERS, LLC**



Principal Place of Business  
**1216 NE 93RD STREET  
MIAMI SHORES, FL 33138 US**

Mailing Address  
**1216 NE 93RD STREET  
MIAMI SHORES, FL 33138 US**



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2107032**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SIMONS, BARRY L ESQ.  
9100 SOUTH DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GUSTERINGER, KURT
STREET ADDRESS	1216 NE 93RD STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	MGR
NAME	GUSTERINGER, KRISTINA
STREET ADDRESS	1216 NE 93RD STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	MGRM
NAME	GUSTERINGER, KARL
STREET ADDRESS	1216 NE 93RD STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80046-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/05

Date

Daytime Phone #

305-  
757-2253