2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000053882

1. Entity Name KAI-KU 'ONO MOKU DANCERS, LLC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

329 BAYSIDE PKWY NOKOMIS, FL 34275 Mailing Address

329 BAYSIDE PKWY NOKOMIS, FL 34275



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 71-0957953 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DYE, BEVERLY A 329 BAYSIDE PKWY NOKOMIS, FL 34275

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| NOKOMIS, FL 34275 | | IN THIS SPACE |
|---|--|--|
| 8. The above the obligat | named entity submits this statement for the purpose of changing its regions of registered agent. | istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or pmiled 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, 2007 | | 000000515836 02/07/07-80003-024 50.00 |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS | MGR DYE, BEVERLY A MGR 329 BAYSIDE PKWY | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | | 7 |
| NAME | | |
| STREET ADDRESS City-St-Zip | | |
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| 11. I hereby certify that the information supplied with this filling 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. | | |