

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034774

Entity Name: KAMI LLC

FILED  
Feb 14, 2006  
Secretary of State

**Current Principal Place of Business:**

2207 CORFELL STREET  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

2207 CORFELL STREET  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 20-1111092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARCAN, MICHAL  
2207 CORFELL STREET  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

MARCAN, MICHAL  
5110 NORTHRIDGE RD  
UNIT 207  
SARASOTA, FL 34238 US

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.

SIGNATURE: MICHAL MARCAN

02/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARCAN, MICHAL  
Address: 2207 CORFELL STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM ( ) Delete  
Name: ROLNIK, KAREL  
Address: 2207 CORFELL ST  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARCAN, MICHAL  
Address: 5110 NORTHRIDGE RD. UNIT 207  
City-St-Zip: SARASOTA, FL 34238 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAL MARCAN

MGRM

02/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date