

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042485

Entity Name: KAI PROPERTIES, L.L.C.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

817 PINK CAMELLIA COURT  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

817 PINK CAMELLIA COURT  
APOPKA, FL 32712

## New Mailing Address:

FEI Number: 16-1703076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULLOCK, JOHN  
817 PINK CAMELLIA COURT  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: REGISTER, ANGELA M  
Address: 1800 BOBTAIL DRIVE  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR ( ) Change (X) Addition  
Name: REGISTER, MICHAEL W  
Address: 1800 BOBTAIL DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Change (X) Addition  
Name: BULLOCK, PATRICIA A  
Address: 817 PINK CAMELLIA COURT  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN BULLOCK

MGRM

04/27/2005

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