


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074267</b> 1. Entity Name <b>KABORI LLC</b>	
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Principal Place of Business <b>8102 SABAL OAK LANE JACKSONVILLE, FL 32256 US</b>	Mailing Address <b>8102 SABAL OAK LANE JACKSONVILLE, FL 32256 US</b>
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**DO NOT WRITE IN THIS SPACE**

02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1770248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**KAVALIEROS, NICK  
8102 SABAL OAK LANE  
JACKSONVILLE, FL 32256**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAVALIEROS, NICK 8102 SABAL OAK LANE JACKSONVILLE, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOREE, GREG 2425 HOPKINS STREET ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RITCH, TIM 4362 DAVINCI AVENUE JACKSONVILLE, FL 32210</b>
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04/05/07-80019-013 50.00

**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-10-07**

Date

**904-613-3851**

Daytime Phone #