2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L04000074267

Entity Name: KABORI LLC

Current Principal Place of Business:

8102 SABAL OAK LANE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8102 SABAL OAK LANE
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-1770248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAVALIEROS, NICK
8102 SABAL OAK LANE
JACKSONVILLE, FL 32256 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/MANAGERS:

Title: MGRM ( ) Delete
Name: KAVALIEROS, NICK
Address: 8102 SABAL OAK LANE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete
Name: BOREE, GREG
Address: 2425 HOPKINS STREET
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM ( ) Delete
Name: RITCH, TIM
Address: 4362 DAVINCI AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BOREE, GREG
Address: 8004 ACORN RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32256 US

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

I hereby certify that the information supplied with this filing does not qualify 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: NICK KAVALIEROS MGRM 04/27/2008

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