2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L04000086435

1. Entity Name
KAAPI, LLC

Principal Place of Business
1740 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

Mailing Address
1740 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

04182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2026249

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, JOHN M
1740 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000729204
05/08/07-80030-015 50.00

9. - MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PLUNKETT, JOHN M
STREET ADDRESS	1740 E. SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, KATHLEEN
STREET ADDRESS	1740 E. SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Mgr. 4-23-07 (352)671-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #