

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086435

FILED
Apr 20, 2009
Secretary of State

Entity Name: KAAPI, LLC

Current Principal Place of Business:

1740 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1740 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

New Mailing Address:

FEI Number: 34-2026249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUNKETT, JOHN M
1740 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470 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: MGR () Delete
Name: PLUNKETT, JOHN M
Address: 1740 E. SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34470

Title: MGR () Delete
Name: PLUNKETT, KATHLEEN
Address: 1740 E. SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34470

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

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLUNKETT, JOHN M
Address: PO BOX 5801
City-St-Zip: OCALA, FL 34478

Title: MGR (X) Change () Addition
Name: PLUNKETT, KATHLEEN
Address: PO BOX 6035
City-St-Zip: OCALA, FL 34478

Title: MGR () Change (X) Addition
Name: ADAMS, DANIEL E
Address: PO BOX 770972
City-St-Zip: OCALA, FL 34477 US

Title: MGR () Change (X) Addition
Name: PLUNKETT, KEVIN B
Address: PO BOX 770774
City-St-Zip: OCALA, FL 34477 US

Title: MGR () Change (X) Addition
Name: PLUNKETT, MONICA M
Address: 5795 NW 75TH AVE
City-St-Zip: OCALA, FL 34482 US

Title: MGR () Change (X) Addition
Name: PLUNKETT, PATRICK J
Address: PO BOX 4456
City-St-Zip: OCALA, FL 34478 US

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: JOHN M PLUNKETT

MGRM

04/20/2009

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