2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003868

Entity Name: KADIMA OF S.W.FL, LLC.

2431 LASALLE AVE

FORT MYERS, FL 33907 US

Address:

City-St-Zip:

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2431 LASALLE AVE FORT MYERS, FL 33907 US **Current Mailing Address: New Mailing Address:** 2431 LASALLE AVE FORT MYERS, FL 33907 US FEI Number: 20-2018261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERITAGE TAX & CONSULTING SERVICES INC 11220 METRO PARKWAY FORT MYERS, FL 33912 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FARRON, MARC Name: Name: 2431 LASALLE AVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: FARRON, JUDY Name: Address: 2431 LASALLE AVE Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition BAUSI, JULIANA Name: Name: 2431 LASALLE AVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: FARRON, ADAM Name: Address: 2431 LASALLE AVE Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition FARRON, YESHAYA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARC FARRON MGRM 01/21/2009