

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004467

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** KANN GLOBAL ASSOCIATES, LLC

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236

**New Principal Place of Business:**

8374 MARKET STREET  
SUITE 410  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236

**New Mailing Address:**

8374 MARKET STREET  
SUITE 410  
LAKEWOOD RANCH, FL 34202

FEI Number: 20-2168209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KANN, THOMAS M  
1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

KANN, THOMAS M  
8374 MARKET STREET  
SUITE 410  
LAKEWOOD RANCH, FL 34202 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: THOMAS M. KANN

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KANN, THOMAS M  
Address: 1990 MAIN STREET, SUITE 750  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KANN, THOMAS M  
Address: 8374 MARKET STREET, SUITE 410  
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: THOMAS M. KANN

MGRM

04/09/2009

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