

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028475

Entity Name: KARUPA 1 LLC

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

18501 KEYSTONE MANOR RD.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

18501 KEYSTONE MANOR RD.
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-2868646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: WIGGERS, KARLYN K
Address: P O BOX 6213
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGRM () Delete
Name: CONIGLIO, RUTH L
Address: 18501 KEYSTONE MANOR RD.
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: CONIGLIO, PAUL L
Address: 18501 KEYSTONE MANOR RD.
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH CONIGLIO

MNGR

07/14/2006

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