


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90032 011 ****50.00

DOCUMENT # L05000048287	
1. Entity Name KOPALI ORGANICS LLC	

Principal Place of Business 13225 BISCAYNE ISLAND TER. NORTH MIAMI, FL 33181	Mailing Address 13225 BISCAYNE ISLAND TER. NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



03032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4575195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROOKS, NORMAN N
13225 BISCAYNE ISLAND TER.
NORTH MIAMI, FL 33181**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, STEPHEN R 13225 BISCAYNE ISLAND TER. NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAIMAN, ZACHARY S 2002 ADDISON ST. #202 BERKELY, CA 94704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: X 3-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #