2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000052537 1. Entity Name KAV HOLDINGS, LLC Principal Place of Business Mailing Address 1800 LAKE DRIVE, C/O KIMBERLY A. VECCIA 1800 LAKE DRIVE, C/O KIMBERLY A. VECCIA DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444

FILED Mar 03, 2008 8:00 am Secretary of State

03-03-2008 90402 017 ***138.75

DUUTTO.



02282008 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2939016 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

VECCIA, KIMBERLY A 1800 LAKE DRIVE DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

 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.	Signature, typed or printed name of registered agent and title # applicable,		
<u> </u>	<u></u>	(NOTE: Registered Agent agniture required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR VECCIA, KIMBERLY A 1800 LAKE DRIVE DELRAY BEACH, FL 33444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT I	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.