

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061384

Entity Name: KUIIPO ENTERPRISES LLC

FILED  
Mar 05, 2008  
Secretary of State

## Current Principal Place of Business:

10261 SHADOW BRANCH DR  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 47281  
TAMPA, FL 33647

## New Mailing Address:

PO BOX 47281  
TAMPA, FL 33646

FEI Number: 02-0745812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAHN, ROBERT  
10261 SHADOW BRANCH DR  
TAMPA, FL 33647 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: MGR ( ) Delete  
Name: KAHN, ROBERT  
Address: PO BOX 47281  
City-St-Zip: TAMPA, FL 33647

Title: MRGM ( ) Delete  
Name: KAHN, LYNNET  
Address: PO BOX 47281  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KAHN, ROBERT  
Address: PO BOX 47281  
City-St-Zip: TAMPA, FL 33646

Title: MRGM (X) Change ( ) Addition  
Name: KAHN, LYNNET  
Address: PO BOX 47281  
City-St-Zip: TAMPA, FL 33646

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: ROBERT KAHN

MGR

03/05/2008

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