2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061384

Current Principal Place of Business:

Entity Name: KUUIPO ENTERPRISES LLC

FILED Feb 03, 2009 Secretary of State

10261 SHADOW BRANCH DR TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 10261 SHADOW BRANCH DR PO BOX 47281 TAMPA, FL 33646 TAMPA, FL 33647 FEI Number: 02-0745812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAHN, ROBERT 10261 SHADOW BRANCH DR TAMPA, FL 33647 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 33646

Title: MRGM () Delete Name: KAHN, LYNNET Address: PO BOX 47281

TAMPA, FL 33646

City-St-Zip:

Title: Name:

Address: City-St-Zip:

Title: Name:

ADDITIONS/CHANGES:

() Change () Addition

() Change () Addition

New Principal Place of Business:

Name: Address: City-St-Zip:

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 MRG 02/03/2009