


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90158 037 \*\*\*138.75

<b>DOCUMENT # L05000083880</b>	
1. Entity Name <b>KAI LLC</b>	

Principal Place of Business <b>2312 SW 54TH STREET CAPE CORAL, FL 33914</b>	Mailing Address <b>1616 CAPE CORAL PARKWAY SUITE 102 #131 CAPE CORAL, FL 33914</b>
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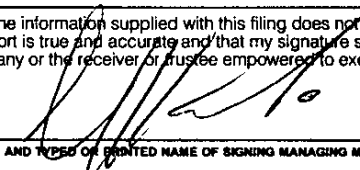
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04092008 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-4738840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>KAUUMBA, GERI 2312 SW 54TH STREET CAPE CORAL, FL 33914</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code
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 _____ DATE _____	
(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUUMBA, GERI</b>	NAME	
STREET ADDRESS	<b>2312 SW 54TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>	CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUUMBA, ANIKA</b>	NAME	<b>MGR Anika kauumba</b>
STREET ADDRESS	<b>2312 SW 54TH STREET</b>	STREET ADDRESS	<b>2312 SW 54 ST</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>	CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
SIGNATURE: 	Date: <b>4/11/08</b>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	