2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000090905

FILED Jan 09, 2006 8:00 am Secretary of State

1. Entity Name KAISER KARE LLC							01-09-2006	90052 0	17 ****5	0.00			
Principal Place of Business 2821 MALDIVE CT DELTONA, FL 32738-7931			Mailing Address 2821 MALDIVE CT DELTONA, FL 32738-7931										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042006	Chg-LLC	CR2E08	33 (11/05)				
City & State			City & State			4. FEI Numb	381628	<u></u>		plied For t Applicable			
Zip Country		Zip Count		try		e of Status Desired	_ C	\$5.00 Add ee Required					
8. Name and Address of Current F			egistered Agent			7. Name and Address of New Registered Agent							
					Name								
KAISER, JAMES A 2821 MALDIVE CT DELTONA, FL 32738-7931					Street Address (P.O. Box Number is Not Acceptable)								
DELIGITA	, , , , ,				Oit.								
The above named entity submits this statement for the purpose of changing its register.					City FL Zip Code								
8. The above the obligat	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	red agent, or be	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept			
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE					
							I						
Filing Fee Is \$50.00 Due by May 1, 2006									Make check payable to Florida Department of State				
Fi D	iling Fee i ue by May	ls \$50.00 y 1, 2006								•			
9.	ue by May	Is \$50.00 y 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10.				Departme		•			
D	MGR	y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.	E		Florida	Departme		Addition			
9. IITLE NAME	MGR KAISER,	MANAGING MEMBER	*	TITLE	E		Florida	Departme	ent of State				
9. TITLE NAME STREET ADDRESS	MGR KAISER, 2821 MAL	MANAGING MEMBER JAMES A LDIVE COURT	*	TITLE NAMI STRE	e Et address		Florida	Departme	ent of State				
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAISER, 2821 MAL	MANAGING MEMBER	☐ Delete	TITLE NAMI STRE	E		Florida	Departme	ent of State				
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR KAISER, 2821 MAL	MANAGING MEMBER JAMES A LDIVE COURT		TITLE NAMI STRE CITY	E ET ADDRESS - ST-ZIP		Florida	Departme	ent of State				
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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.

386-960-0568