

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098548

FILED
Mar 13, 2009
Secretary of State

Entity Name: KAUFMAN ENTERPRISES, L.L.C.

Current Principal Place of Business:

870 S. MCCALL RD.
BUILDING 3
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

870 S. MCCALL RD.
BUILDING 3
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 20-4049960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, MARK
6861 RUFF STREET
NORTH PORT, FL 34291 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: MGRM () Delete
Name: KAUFMAN, MARK
Address: 6861 RUFF STREET
City-St-Zip: NORTH PORT, FL 34291

Title: MGRM () Delete
Name: KAUFMAN, DORIS
Address: 6861 RUFF STREET
City-St-Zip: NORTH PORT, FL 34291

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: DORIS KAUFMAN MGRM 03/13/2009

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