

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90113 041 \*\*\*\*50.00

**DOCUMENT # L05000103456**

1. Entity Name  
**KAWAMA INVESTMENTS, LLC**



Principal Place of Business  
**500 N WESTSHORE BLVD STE 405  
TAMPA, FL 33609**

Mailing Address *P.O. Box 24252*  
**500 N WESTSHORE BLVD STE 405  
TAMPA, FL 33609**  
*TAMPA, FL 33623*

**60049760**



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3661612**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CISNEROS, FRANK G JR  
500 N WESTSHORE BLVD STE 405  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CISNEROS, FRANK G JR 500 N WESTSHORE BLVD STE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CISNEROS, CARLOS 500 N WESTSHORE BLVD STE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CISNEROS, FRANK 500 N. WEST SHORE BLVD. STE 405 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/16/07*

Date

*813  
289360*

Daytime Phone #

*547 203*