2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L05000121253

Entity Name: KOKOPELLI, LLC

Current Principal Place of Business:

PO BOX 6234
JENSEN BEACH, FL 34957

New Principal Place of Business:

83 AQUA RA DRIVE
JENSEN BEACH, FL 34957

Current Mailing Address:

PO BOX 6234
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 20-3969859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OHLSON, ED
145 NE EDGEWATER DRIVE
4101
STUART, FL 34996 US

Name and Address of New Registered Agent:

OHLSON, ED
83 AQUA RA DRIVE
JENSEN BEACH, FL 34957 US

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: _____ 04/25/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OHLSON, EDWARD F
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGRM ( ) Delete
Name: OHLSON, KRISTINE A
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

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: ED OHLSON MGRM 04/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date