


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2007 90192 004 \*\*\*\*50.00

<b>DOCUMENT # L06000009734</b> 1. Entity Name <b>KIWI CAPITAL, LLC</b>			
Principal Place of Business <b>321 N. KENTUCKY AVENUE, SUITE 9 LAKELAND, FL 33801</b>		Mailing Address <b>P.O. BOX 2097 LAKELAND, FL 33806-2097</b>	
2. Principal Place of Business - No P.O. Box # <b>2265 BRANDON RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2265 BRANDON RD</b> Suite, Apt. #, etc.	
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND FL</b>	
Zip <b>33803</b>	Country <b>USA</b>	Zip <b>33803</b>	Country <b>USA</b>
4. FEI Number <b>20-4212755</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LYON, BRUCE W 2324 BRANDON ROAD LAKELAND, FL 33803</b>		7. Name and Address of New Registered Agent Name <b>LINA R. WILDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2265 BRANDON RD.</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33803</b>	
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 <u><i>Marc Wilder</i></u> DATE <u>2/27/07</u> <small>Signature, typed or printed name of registered agent, not applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILDER, MARC 2265 BRANDON ROAD LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILDER, LINA 2265 BRANDON ROAD LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILDER, LINA 2265 BRANDON ROAD LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u><i>Marc Wilder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2/27/07</u> Daytime Phone # <u>863 616 1615</u>	