2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000039553

1. Entity Name

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90254 010 ****50.00

KAAŚH 1	HOLDINGS, L.L.C.									
Principal Place of Business 9965 NW 23RD STREET CORAL SPRINGS, FL 33065		Mailing Address PARVEEN AND TERRY BHATIA 9965 NW 23RD STREET CORAL SPRINGS, FL 33065			100047941					
2. Principal Pt 4905	ace of Business - No P.O. Box # NW 80 nd Terr	3. Mailing Address 4905 NW 82nd Tess								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03222007	Chg-LLC	CR2E	083 (12/06)		
Coral Coral	Springs FC	Coral Springs FL		4. FEI Numb	er		<u> </u>	plied For Applicable		
Zip _3300	67 Country	33067	Country	R		of Status Desi		\$5.00 Addi Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Name					Terry Bhatia					
BHATIA, TERRY 9965 NW 23RD STREET				Street Address (P.O. Box Number is Not Acceptable)						
CORAL SE	PRINGS, FL 33065			4905	NW	82 n	1 Te			
<u> </u>				ity Cora		rings	FI	_	667	
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered of	ffice or register	ed agent, or bo	oth, in the State			and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	mo tide if applicable. (NOTE	E: Registerea Ager	nt signature required	when reinstating)		4-30 DATE	-07		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007					FI	Make check orida Departi		•	
9.	MANAGING MEMBE	RS/NIMIAGERS	10.	• • •		ADDITI	ONS/CHANGE	S		
TITLE	MGR	☐ Delete	TITLE					Change	☐ Addition	
NAME	BHATIA, TERRY		NAME							
STREET ADDRESS	9965 NW 23RD STREET		STREET AD	ORESS 490	5 NW	8919	lerr.			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-Z	ZIP Cor	al 5p	1.053	FL 3	3067		
TITLE	MGRM	☐ Delete	TITLE	İ				Change 🔀	☐ Addition	
NAME	BHATIA, PARVEEN		NAME				, –			
STREET ADDRESS	9965 NW 23RD STREET		STREET AO		05 Nu			330	~ ¬	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-2	ZIP Cor		prings	1- 2			
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NAME			NAME STREET AD	,norce						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-2							
							•	☐ Change	Addition	
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NAME STREET ADDRESS			STREET AD	ODRESS						
CITY-ST-ZIP			CITY-ST-							
TITLE		ete e	TITLE					☐ Change	Addition	
NAME		,,•	NAME					-		
STREET ADDRESS			STREET AC	DORESS						
CITY-ST-ZIP	1		CITY-ST-	ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME	1		NAME							

11. I hereby certify that the information supplied to go to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and to 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 trusted an powered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: AND TYPED OR PRINTED NAME OF SA

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SUNNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

× 4-30-07

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