


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90018 037 ***138.75

| | |
|---------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L06000089547 |  |
| 1. Entity Name KEVALH I LLC | |

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|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 557 N WYMORE ROAD 100 MAITLAND, FL 32751 | Mailing Address PO BOX 2086 WINTER PARK, FL 32790 |
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|------------------------------------------------|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|------------------------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|-------------------------------------------------|---------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|-------------------------------------------------|---------------------------------------------|

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| KANE, STEVEN 557 NORTH WYMORE ROAD 100 MAITLAND, FL 32751 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State |

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| 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. |
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|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

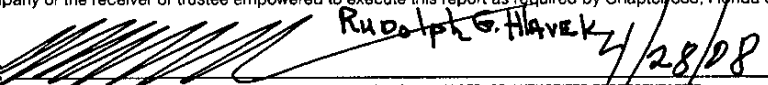
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|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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|------------------------------|-----------------------|
| 9. MANAGING MEMBERS/MANAGERS | 10. ADDITIONS/CHANGES |
|------------------------------|-----------------------|

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|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Hlavek, RUDOLPH PO BOX 2086 WINTER PARK, ST 32790 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Hlavek, KATHRYN PO BOX 2086 WINTER PARK, FL 32790 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

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|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Hlavek, RUDOLPH PO BOX 2086 Winter Park, FL 32790 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |
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| SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | DATE 4/28/08 DATE | DAYTIME PHONE # 407-831-9300 DAYTIME PHONE # |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|