

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90486 010 \*\*\*\*50.00

**DOCUMENT # L06000102025**

1. Entity Name  
CAIC, LLC



Principal Place of Business  
3239 MURRAY HILL LOOP  
KISSIMMEE, FL 34758

Mailing Address  
3239 MURRAY HILL LOOP  
KISSIMMEE, FL 34758

60023165



2. Principal Place of Business - No P.O. Box #  
12315 Durango Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
12315 Durango Avenue  
Suite, Apt. #, etc.

01262007 Chg-LLC CR2E083 (12/06)

City & State  
North Port, FL

City & State  
North Port, FL

4. FEI Number  
20-5808950

Applied For  
Not Applicable

Zip  
34287

Country  
USA

Zip  
34287

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

ZHANG, XISO PING  
3239 MURRAY HILL LOOP  
KISSIMMEE, FL 34758

**7. Name and Address of New Registered Agent**

Name  
ZHANG, XIAO PING  
Street Address (P.O. Box Number is Not Acceptable)  
12315 Durango Avenue  
City  
North Port FL Zip Code  
34287

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

Xiao Ping Zhang

02/23/07  
DATE

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
ZHANG, Xiao Ping  
12315 Durango Avenue  
North Port, FL 34287 ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Xiao Ping Zhang  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Xiao Ping Zhang

02/23/07  
Date

Daytime Phone #