

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015730

Entity Name: KAP-FIT I, LLC

FILED
Sep 12, 2008
Secretary of State

Current Principal Place of Business:

204 DUCKWOOD LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

11262 BEACH BLVD.
JACKSONVILLE, FL 32246

Current Mailing Address:

204 DUCKWOOD LANE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

9838 OLD BAYMEADOWS RD.
PMB 360
JACKSONVILLE, FL 32256

FEI Number: 77-0681701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCE MILLER, JOHN
333 FIRST STREET N. SUITE 305
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPLAN, LEE
Address: 204 DUCKWOOD LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: KAPLAN, LEE
Address: 9838 OLD BAYMEADOWS RD., PMB 360
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: KAPLAN, JAY R
Address: 9838 OLD BAYMEADOWS RD., PMB 360
City-St-Zip: JACKSONVILLE, FL 32256

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: LEE KAPLAN

P

09/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date