2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2009
Secretary of State

DOCUMENT# L07000015730

Entity Name: KAP-FIT I, LLC

Current Principal Place of Business:

11262 BEACH BLVD.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS RD.
PMB 360
JACKSONVILLE, FL 32256

New Mailing Address:

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:

ANSBACHER, BARRY
8818 GOODBYS EXECUTIVE DRIVE
JACKSONVILLE BEACH, FL 32217 US

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: BARRY ANSBACHER 06/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 CEO 06/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date