2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



f	Apr 03, 2008 8:00 am Secretary of State
	04-03-2008 90074 026 ***138.75

FILED

DOCUMENT # L07000049894 1. Entity Name CANI, LLC								04-03-2	2008 90	0074 02	26 ***1	38.75	
Principal Place of Business 3534 SWANS LANDING LAND-0-LAKES, FL 34639 Mailing Address 3534 SWANS LANDING LAND-0-LAKES, FL 34639								60019475					
2. Principal P	Place of Busines	s - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03192008 Chg-LLC CR2E083 (12/06)						
City & State			City & State				4. FEI Numb	er <i>0/910</i>	37			Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry		5. Certificate				\$5.00 Fee Requ	Additional uired	
	6. Name an	nd Address of Current F	Registered Agent				7. Name and	d Address of	New Reg	jistered	Agent		
		Q. L AVENUE, SUITE	200		Name Street Ac	ddress (P.6	O. Box Numb	er is Not Acc	eptable)				
					City	<u> </u>				FL	Zip C	Code	
	named entity s tions of registere		r the purpose of changing its	register	ed office or	registered	agent, or bo	th, in the Sta	te of Florie	da. Iam	familiar w	ith, and accept	
SIGNATURE .	Signature, typed or o	printed name of registered agent a	and title if another bla (NOT	F Registers	ed Agent signatur	te required wh	nen reinstelling)			DATE			
	organization at p	printed harrie of registered agent a	THE BUSINESS (1907)	L. Hegistore	o i igorii oigi olo		ion rainstating,						
FILE After May	NOW!!! FE	EE IS \$138.75 be will be \$538.75		E. Hoggie			eri ani sani g		Florida (check Departn	payable the	tate	
FILE After May	NOW!!! FE	EE IS \$138.75		10.				18	Florida (check Departn	nent of S	tate	
9.	NOW!!! FE	EE IS \$138.75 be will be \$538.75		10.	E	MGRM		18	Florida (check Departn	nent of S	tate .	
9. TITLE NAME	NOW!!! FE	EE IS \$138.75 be will be \$538.75	RS/MANAGERS	10. TITL	E KE			ADDI	Florida (check Departn	nent of S	tate	
9.	NOW!!! FE	EE IS \$138.75 be will be \$538.75	RS/MANAGERS	10. TITL NAM STRI	E	MGRM Kurt	H. Hu	ADDI	Florida I	check Departn	G Chan	ge XI 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.

SIGNATURE: Kurt H. Hull signature and types or printed name of signing managing member, manager, or authorized representative

Kurt H. Hull

(813) 909-9644

Daytime Phone #