

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052195

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: KO POLYNESIA, LLC

**Current Principal Place of Business:**

2131 HOLLYWOOD BLVD, SUITE 408  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

4700 N HIATUS RD, STE 153  
C/O KORN CAPITAL FUNDING LLC  
SUNRISE, FL 33351

**Current Mailing Address:**

2131 HOLLYWOOD BLVD, SUITE 408  
HOLLYWOOD, FL 33020

**New Mailing Address:**

4700 N HIATUS RD, STE 153  
C/O KORN CAPITAL FUNDING LLC  
SUNRISE, FL 33351

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORN CAPITAL FUNDING, LLC  
2131 HOLLYWOOD BLVD, SUITE 408  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

KORN CAPITAL FUNDING, LLC  
4700 N HIATUS RD, STE 153  
SUNRISE, FL 33351 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: STEPHEN KORN

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KORN CAPITAL FUNDING, , LLC  
Address: 2131 HOLLYWOOD BLVD, SUITE 408  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KORN CAPITAL FUNDING, , LLC  
Address: 4700 N HIATUS RD, STE 153  
City-St-Zip: SUNRISE, FL 33351

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: STEPHEN KORN

MGM

04/30/2008

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