2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L07000053711

Entity Name: KARE LLC

Current Principal Place of Business:

15439 LAGUNA HILLS DRIVE
FT. MYERS, FL 33908

New Principal Place of Business:

15439
LAGUNA HILLS DRIVE
FT MYERS, FL 33908 US

Current Mailing Address:

15439 LAGUNA HILLS DRIVE
FT. MYERS, FL 33908

New Mailing Address:

15439
LAGUNA HILLS DRIVE
FT MYERS, FL 33908 US

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

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
STE 101
TALLAHASSEE, FL 323012960 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: SHETTY, SUMEET
Address: 15439 LAGUNA HILLS DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM ( ) Delete
Name: SHETTY, SHAILAJA
Address: 15439 LAGUNA HILLS DRIVE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: SHETTY, SUMEET
Address: 15439 LAGUNA HILLS DRIVE
City-St-Zip: FT MYERS, FL 33908

Title: D (X) Change ( ) Addition
Name: SHETTY, SHAILAJA
Address: 15439 LAGUNA HILLS DRIVE
City-St-Zip: FT MYERS, FL 33908

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: SUMEET SHETTY MGRM 04/23/2008

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