

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076819

Entity Name: KAIRALI INVESTMENT, LLC

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

9759 SAVONA WINDS DR  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9759 SAVONA WINDS DR  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-0599735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, JOSE C. P. A.  
9710 STIRLING ROAD, SUITE # 101  
COOPER CITY, FL 33024 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: CHACKO, JOSE  
Address: 8594 NW 8TH CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Delete  
Name: THOMAS, AM  
Address: 11717 NW 1ST CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: VARGHESE, MATHEW  
Address: 9759 SAVONA WINDS DR  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

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

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: VARGHESE MATHEW

MGRM

01/03/2008

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