

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082270

Entity Name: ORIENTAL KORNER, LLC

FILED
Jul 05, 2008
Secretary of State

Current Principal Place of Business:

3290 SW ISLAND WAY
PALM CITY, FL 34990 US

New Principal Place of Business:

2885 CAFE COURT
PALM CITY, FL 34990 US

Current Mailing Address:

3290 SW ISLAND WAY
PALM CITY, FL 34990 US

New Mailing Address:

2885 CAFE COURT
PALM CITY, FL 34990 US

FEI Number: 26-0718992 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KIRKPATRICK, HAROLD
3290 SW ISLAND WAY
PALM CITY, FL 34990 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: HAROLD KIRKPATRICK

07/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRKPATRICK, HAROLD
Address: 3290 SW ISLAND WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM () Delete
Name: KIRKPATRICK, ZHE
Address: 3290 SW ISLAND WAY
City-St-Zip: PALM CITY, FL 34990 US

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: HAROLD KIRKPATRICK

MGRM

07/05/2008

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