

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107135

Entity Name: KAK PROPERTIES TAMPA, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

9311 FIRETHORN PLACE
BRADENTON, FL 34020

New Principal Place of Business:

9311 FIRETHORN PLACE
BRADENTON, FL 34202

Current Mailing Address:

9311 FIRETHORN PLACE
BRADENTON, FL 34020

New Mailing Address:

9311 FIRETHORN PLACE
BRADENTON, FL 34202 US

FEI Number: 26-1303043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, DAVID H ESQ.
8130 LAKEWOOD MAIN STREET
SECOND FLOOR, SUITE 208
BRADENTON, FL 34202 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: HARRIMAN, KURT
Address: 9311 FIRETHORN PLACE
City-St-Zip: BRADENTON, FL 34020

Title: MGRM () Delete
Name: HARRIMAN, KRISTI
Address: 9311 FIRETHORN PLACE
City-St-Zip: BRADENTON, FL 34020

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRIMAN, KURT
Address: 9311 FIRETHORN PLACE
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM (X) Change () Addition
Name: HARRIMAN, KRISTI
Address: 9311 FIRETHORN PLACE
City-St-Zip: BRADENTON, FL 34202 US

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: KRISTI HARRIMAN

M

04/21/2008

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