2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

	Aillioal		1		Secretary	01 Sta	ıte	
DOCUMENT # L07000117146					04-07-2008 90224			
1. Entity Name KIP SIU (UK) LLC								
	(011) 220		19					
· · · · ·			100.11	182				
Principal Place of Business Mailing Address								
3201 ENTERPRISE DRIVE 3201 ENTERPRISE DRIVE SUITE 460								
BEACHWOOD, OH 44122 BEACHWOOD, OH 44122								
0.01.1.45	N 40 : N 80 8							
•	Place of Business - No P.O. Box # EAST BAY DRIVE	3. Mailing Address 300 EAST B	av Do	الالالا				
Silve Apt. #, etc.		300 EAST RAY ARIVE Suite, Apt. #, etc.		,				
largo		CARGO		02282008	Chg-LLC CR	2E083 (12/06)		
City Ostate. Florida		City & State FLORIDA		4. FEI Num	ber 26-01763	Ap	plied For	
	Bountry //					5.00 Add	t Applicable	
^{zi} 337	70 finellas	33770.	Country Pinella	5. Certifica	te of Status Desired	Fee Require		
	6. Name and Address of Current R				d Address of New Register	red Agent		
CT CODD	ODATION SYSTEM		Name				!	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
PLANTAT	ION, FL 33324							
					<u> </u>			
			City			FL Zip Code	•	
	e named entity submits this statement for	the purpose of changing its re-	gistered office or	registered agent, or b	ooth, in the State of Florida. I	am familiar with,	and accept	
the obliga	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent an	od title if emplicable (NOTE, D	naistornal Agent elemetre	re required when reinstating)	D	ATE		
	organization, types or printed name or regional or agent at	N IIII II ADDIICADIA. (1407E. FI	egisterad Again signatur	e required when temstating)				
FILE	NOWIII FEE IS \$138.75				Make ched	ck payable to		
After May	y 1, 2008 Fee will be \$538.75				Florida Depa	irtment of State	•	
9.	MANAGING MEMBEF	S/MANAGERS	10.		ADDITIONS/CHAN	GES		
TITLE	MGRM 117 5	☐ Delete					Addition	
NAME	KIP SIU LLC		NAME	KIP Schil	ler Internation	at lenive	Addition Sity 4	
STREET ADDRESS CITY-ST-ZIP				300 East	Bay Aril	arsi F	lorida	
	BEACHWOOD, OH 44122	0	CITY-ST-ZIP	-150	Daugherty	0	33 7	
TITLE NAME	CEO	→ Delete	TITLE C	Palart C	Douberty	∐ Change	Addition XX	
STREET ADDRESS	Robert C. Daugh	erly	STREET ADDRESS	300 East	Rau Dr.		.	
CITY-ST-ZIP			GITY-ST-ZIP	Largo, F	<u>ረ / 33770</u>			
TITLE		☐ Delete	TITLE .	CFOO , ;	Panko Bay Dr. Fl. 3377	Change	Addition	
NAME STREET ADDRESS			NAME CYPET APPROCES	Daniel	Parko			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	SOO East	529 DI	0	[
TITLE		Delete	TITLE	curgo,	1 2 3 3 2 7	☐ Change	Addition	
NAME		_ 0000	NAME			0.141.190		
STREET AOORESS			STREET ADDRESS					
CITY-ST-ZIP		-	CITY-ST-ZIP			<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				ļ	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME				_	
STREET ADDRESS	511 e = 10		STREET ADDRESS		***			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
11. I nereby								
indicated	certify that the information supplied with I don this report is true and accurate and t	his filing does not qualify for th hat my signature shall have the	e exemptions cor same legal effec	ntained in Chapter 11 It as if made under oa	9, Florida Statutes. I further c th; that I am a managing me	ertify that the info ember or manage	rmation r of the	
indicated limited lia	certify that the information supplied with I d on this report is true and accurate and t ability company or the receiver or trustee	this filing does not qualify for the hat my signature shall have the empowered to execute this rep	e exemptions con same legal effect oort as required b	ntained in Chapter 11' it as if made under oa iy Chapter 608, Florid	9, Florida Statutes. I further c th; that I am a managing me a Statutes.	ertify that the info ember or manage	rmation r of the	

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





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NONE

Mailing Address

3201 ENTERPRISE DRIVE SUITE 460

BEACHWOOD, OH 44122

Owner Information

KIP SIU LLC

3201 ENTERPRISE DRIVE SUITE 460

BEACHWOOD, OH 44122

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