

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000002197

Entity Name: KAPEX I, L.L.C.

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

230 NORMANDY CIRCLE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

113 QUAYSIDE DRIVE  
JUPITER, FL 33477

**Current Mailing Address:**

230 NORMANDY CIRCLE  
PALM HARBOR, FL 34683

**New Mailing Address:**

555 WEST LINCOLN DRIVE  
MARLTON, NJ 08053

FEI Number: 59-3539357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324    US

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

SINGH, MARTHA J MGR.  
113 QUAYSIDE DRIVE  
JUPITER, FL 33477    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: MARTHA J. SINGH

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SINGH, MARTHA J  
Address: 230 NORMANDY CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SINGH, MARTHA J  
Address: 113 QUAYSIDE DRIVE  
City-St-Zip: JUPITER, FL 33477

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: MARTHA J. SINGH

MGR.

04/27/2009

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