

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 14, 2004 08:00
Secretary of Sta

DOCUMENT # L99000000166 1. Entity Name KAPAZUNDER, L.L.C.	
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Principal Place of Business 985 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145	Mailing Address 985 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145
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03182003No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0906811	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 8, 2004	U00000172232 09/14/04-80001-012 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELCHERT, GUENTER 985 N COLLIER BLVD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELCHERT, INGRID 985 N COLLIER BLVD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELCHERT, PATRIZIA 985 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 883, Florida Statutes.

SIGNATURE: MELCHERT, GUENTER *[Signature]* **24/08/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #