

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003729

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** KOHT'AENE ENTERPRISES COMPANY LLC

**Current Principal Place of Business:**

240 TUDOR RD STE #210  
ANCHORAGE, AK 99503

**New Principal Place of Business:**

**Current Mailing Address:**

240 TUDOR RD STE #210  
ANCHORAGE, AK 99503

**New Mailing Address:**

**FEI Number:** 76-0773232      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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:**

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: MAHLER, JOHN  
Address: 240 TUDOR RD STE #210  
City-St-Zip: ANCHORAGE, AK 99503

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCLAUGHLIN, WILLIAM  
Address: 240 E. TUDOR RD, SUITE #210  
City-St-Zip: ANCHORAGE, AK 99503 US

Title: COO ( ) Change (X) Addition  
Name: MAHLER, JOHN  
Address: 240 E. TUDOR RD, SUITE #210  
City-St-Zip: ANCHORAGE, AK 99503 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: SHERICE M. VANCE

CONT

02/26/2009

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