

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002881

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** KR MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

3600 OAKMANOR LANE  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

3600 OAKMANOR LANE  
LARGO, FL 33774

**New Mailing Address:**

FEI Number: 55-0822896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCKIBBEN, R. BRUCE JR.  
1435 E. PIEDMONT DRIVE  
SUITE 214  
TALLAHASSEE, FL 32308 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: MGR ( ) Delete  
Name: RUSSELL, TERRY VP  
Address: 3600 OAKMANOR LANE  
City-St-Zip: LARGO, FL 33774

Title: MGR ( ) Delete  
Name: KELSEY, WILLIAM PRES  
Address: 3600 OAKMANOR LANE  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUSSELL, TERRY  
Address: 3600 OAK MANOR LANE  
City-St-Zip: LARGO, FL 33774

Title: MGR (X) Change ( ) Addition  
Name: KELSEY, WILLIAM  
Address: 3600 OAK MANOR LANE  
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM KELSEY

MGR

04/25/2006

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