2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# L04000031627

Entity Name: KRAUSE, BOYER, PUDDICOMBE, LLC

Current Principal Place of Business:

P.O. BOX 25531
TAMPA, FL 33622

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25531
TAMPA, FL 33622

New Mailing Address:

FEI Number: 20-1452899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MAYTS, ANDREW J ESQ
105 S TAMPANIA AVE, STE 200
TAMPA, FL 33609 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:	KRAUSE, THOMAS S	
Address:	P.O. BOX 25531	
City-St-Zip:	TAMPA, FL 33622	
Title:	MGR	( ) Delete
Name:	BOYER, JOHN R	
Address:	P.O. BOX 25531	
City-St-Zip:	TAMPA, FL 33622	
Title:	MGR	( ) Delete
Name:	PUDDICOMBE, H. JAMIE	
Address:	P.O. BOX 25531	
City-St-Zip:	TAMPA, FL 33622	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS S. KRAUSE MGR 08/02/2006

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