

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000081907

1. Entity Name
KRESS SQUARE I, LLC



Principal Place of Business
**3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122**

Mailing Address
**3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122**

DO NOT WRITE IN THIS SPACE

04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2741092

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, HAORLD L
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JASON, DORAN
3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JASON, JEANNETTE
476 BOSPHOROUS AVENUE
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEWETT, DWIGHT
3155 NW 82ND AVENUE, SUITE 101
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000702185
04/20/07-80087-023 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-6-07