


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081942
 1. Entity Name
 KRESS SQUARE, LLC



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

DO NOT WRITE IN THIS SPACE



03152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2740904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEWIS, HAROLD L
 ONE BISCAYNE TOWER, SUITE 2400
 2 SOUTH BISCAYNE BLVD.
 MIAMI, FL 33131

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

**Filing Fee Is \$50.00
 Due by May 1, 2006**

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, JEANETTE 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/06-80006-006 50.00

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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 *Doran P. Jason* 3/16/06 3055927606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #