


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000014924

1. Entity Name
KALEEL, CROZIER & HANNA, PLLC



Principal Place of Business 555 NORTH CONGRESS AVE. SUITE 301 BOYNTON BEACH, FL 33426	Mailing Address 555 NORTH CONGRESS AVE. SUITE 301 BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0754178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KALEEL, KENNETH M
 555 NORTH CONGRESS AVE.
 SUITE 301
 BOYNTON BEACH, FL 33426**

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 _____ DATE **3-19-08**

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

FILE NOW! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALEEL, KENNETH M 555 NORTH CONGRESS AVE. BOYNTON BEACH, FL 33426
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 04/08/08-80080-016 138.75

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: _____ Date **3-19-08** Daytime Phone # **561-738-1104**

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