

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

05-01-2007 90321 009 ****55.00



DOCUMENT # L06000075871
 1. Entity Name
 KRUSEN STRATEGIC PARTNERS, LLC

Principal Place of Business
 1414 SWANN AVE., SUITE 100
 TAMPA, FL 33606

Mailing Address
 1414 SWANN AVE., SUITE 100
 TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-5292491

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent
 MCNAMARA, THOMAS P
 2907 BAY TO BAY BLVD., SUITE 201
 TAMPA, FL 33629

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DFG MANAGEMENT, INC. 1414 SWANN AVE., SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas H. Jones - Secretary* 4-3-07 813-837-3009
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30011598

L06000075871

1414 W. Swann Avenue, Suite 100
Tampa, FL 33606

April 24, 2007

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed are the 2007 annual reports for the following companies:

Krusen Strategic Partners, LLC
Zephyr Development, LLC

Doc # L06000075871
Doc # L06000045341

They have both been submitted previously and the filing fees have been paid. We received a notice of intent to dissolve for both companies. I have talked to one of your representatives and discovered both had problems with their FEI numbers. They have been corrected and we are resubmitting them to you.

Thank you for your help.

Sincerely,

Chris Carr

Chris Carr
Staff Accountant, DFG Management, Inc.