


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 012 ****50.00

DOCUMENT # M03000003828

1. Entity Name
 1339 KAREN DRIVE, LLC



Principal Place of Business
 1339 KAREN DRIVE
 VENICE, FL 34285

Mailing Address
 8320 BLUFFVIEW WAY
 COLORADO SPRINGS, CO 80919

60023339



2. Principal Place of Business - No P.O. Box #
 8320 BLUFFVIEW WAY
 Suite, Apt. #, etc.

3. Mailing Address
 8320 BLUFFVIEW WAY
 Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State
 COLORADO SPRINGS CO

City & State
 COLORADO SPRINGS CO

Zip
 80919

Country
 USA

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RUSKIN, WILLIAM R
 1339 KAREN DRIVE
 VENICE, FL 34285

7. Name and Address of New Registered Agent
 Name: RUSKIN, WILLIAM R
 Street Address (P.O. Box Number is Not Acceptable): 14540 STERLING OAKS DR
 City: NAPLES FL Zip Code: 34110

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: William Ruskin (NOTE: Registered Agent signature required when reappointing)
 DATE: 01-27-06

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RUSKIN, WILLIAM R	8320 BLUFFVIEW WAY	COLORADO SPRINGS, CO 80919	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Ad
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

William Ruskin 01-27-07