2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000031627

1. Entity Name
KRAUSE, BOYER, PUDDICOMBE, LLC

Principal Place of Business	Mailing Address
P.O. BOX 25531 TAMPA, FL 33622	P.O. BOX 25531 TAMPA, FL 33622

DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1452899
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYTS, ANDREW J ESQ
105 S TAMPANIA AVE, STE 200
TAMPA, FL 33609

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KRAUSE, THOMAS S
STREET ADDRESS	P.O. BOX 25531
CITY-ST-ZIP	TAMPA, FL 33622
TITLE	MGR
NAME	BOYER, JOHN R
STREET ADDRESS	P.O. BOX 25531
CITY-ST-ZIP	TAMPA, FL 33622
TITLE	MGR
NAME	PUDDICOMBE, H. JAMIE
STREET ADDRESS	P.O. BOX 25531
CITY-ST-ZIP	TAMPA, FL 33622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000782865
01/15/08-80094-004 138.75

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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: _____ 1/11/08 813-637-8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #