

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 017 \*\*\*\*50.00

<b>DOCUMENT # L00000007439</b> 1. Entity Name <b>KRAZ, LLC</b>					
Principal Place of Business <b>9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>			Mailing Address <b>P.O. BOX 5299 TAMPA, FL 33675-5299 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5115 JOANNE KEARNEY BLVD.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007    Chg-LLC    CR2E083 (12/06)	
City & State <b>TAMPA FL</b>		City & State		4. FEI Number <b>59-3656961</b>	
Zip <b>33619</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name <b>JAMES M. REED</b> Street Address (P.O. Box Number is Not Acceptable) <b>5115 JOANNE KEARNEY BLVD.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33619</b>		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE <u>4/23/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
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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: <u><i>[Signature]</i></u> DATE: <u>4/23/07</u> DAYTIME PHONE #: <u>813 435-7105</u>					