


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000003495</b> 1. Entity Name KRAN, LLC	
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Principal Place of Business 115 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	Mailing Address 115 LAKE WINNEMISSETT DRIVE DELAND, FL 32724
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03072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3907428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WANDS, THOMAS F 115 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WANDS, THOMAS F 115 LAKE WINNEMISSETT DRIVE DELAND, FL 32724
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03/11/05-80026-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Thomas F Wands - THOMAS F WANDS 3-9-05 386-734-5341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #