2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L01000022864

Entity Name: KROON'S ENTERPRISES, LLC

Current Principal Place of Business:

6315 WOODHAVEN DRIVE
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6412
LAKELAND, FL 338076412

New Mailing Address:

FEI Number: 30-0000731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTI, JAMES C
1701 SOUTH FLORIDA AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARIE KROON REVOCABLE, TRUST DATED 5 / 4/90
Address: P.O. BOX 6412
City-St-Zip: LAKELAND, FL 338076412

Title: MGRM ( ) Delete
Name: M. GAIL KROON REVOCA, BLE TRUST DATE D 5/4/90
Address: P.O. BOX 6412
City-St-Zip: LAKELAND, FL 338076412

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL KROON MGRM 02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date