


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90049 050 ****50.00

DOCUMENT # L01000022865	
1. Entity Name KROON'S MOUNTAIN RENTALS, LLC	

Principal Place of Business 6315 WOODHAVEN DRIVE LAKE LAND, FL 33811	Mailing Address P.O. BOX 6412 LAKE LAND, FL 33807-6412
---	---

20000083



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. BOX 6412 Suite, Apt. #, etc.	
City & State		City & State Lake Land, FL	
Zip	Country	Zip	Country
		33807	USA

01052006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
VALENTI, JAMES C GIBSON, VALENTI, & ASHLEY 4927 SOUTH FORK DRIVE LAKE LAND, FL 33811	

7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable)	
1701 South Florida Ave	
City	Zip Code
Lake Land	FL 33803

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 James C. Valenti	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIE KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKE LAND, FL 338076412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. GAIL KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKE LAND, FL 338076412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. Gail Kroon	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 1/5/06	Daytime Phone # 863-646-9229
---------------------------------	--	--------------------	-------------------------------------