


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L01000022865 1. Entity Name KROON'S MOUNTAIN RENTALS, LLC	
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Principal Place of Business 6315 WOODHAVEN DRIVE LAKELAND, FL 33811	Mailing Address P.O. BOX 6412 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE



03052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0000747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTI, JAMES C
GIBSON, VALENTI, &ASHLEY
1701 SOUTH FLORIDA AVE
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIE KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKELAND, FL 338076412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. GAIL KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKELAND, FL 338076412
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04/03/08-80016-016 138.75

**DO NOT WRITE
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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: M. Gail Kroon M. GAIL KROON, Managing Member 3/6/08 863-646-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #