


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # L02000008553

1. Entity Name
KRUSE ENTERPRISES, LLC



Principal Place of Business Mailing Address

8530 CYPRESS HOLLOW COURT 8530 CYPRESS HOLLOW COURT
SANFORD, FL 32771 US SANFORD, FL 32771 US

DO NOT WRITE IN THIS SPACE



05162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
74-3042855

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801

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 _____
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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|---------------------------|
| TITLE | MGR |
| NAME | SOUTHWORTH, JAMIE E |
| STREET ADDRESS | 8530 CYPRESS HOLLOW COURT |
| CITY - ST - ZIP | SANFORD, FL 32771 |
| TITLE | MGR |
| NAME | KRUSE, JAMES H |
| STREET ADDRESS | 8524 CYPRESS HOLLOW COURT |
| CITY - ST - ZIP | SANFORD, FL 32771 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 05/31/07-80014-014 50.00

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:  **5/16/07 321-287-6689**

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