2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000008553

1. Entity Name
KRUSE ENTERPRISES, LLC

Principal Place of Business	Mailing Address
8530 CYPRESS HOLLOW COURT SANFORD, FL 32771 US	8530 CYPRESS HOLLOW COURT SANFORD, FL 32771 US

DO NOT WRITE IN THIS SPACE

05162007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
74-3042855	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

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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 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		
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05/31/07-80014-014 50.00

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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: _____ 5/16/07 321-287-4469

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