


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90104 002 \*\*\*\*50.00

<b>DOCUMENT # L02000008806</b>	
<b>1. Entity Name</b> KRIEGER ENTERPRISES, LLC	

<b>Principal Place of Business</b> 777 17TH STREET, PENTHOUSE SUITE MIAMI BEACH FL 33139	<b>Mailing Address</b> 777 17TH STREET, PENTHOUSE SUITE MIAMI BEACH FL 33139
--	--

<b>2. Principal Place of Business</b> 100 South Pointe Dr Suite, Apt. #, etc. Apt. 3103 City & State Miami Beach, FL Zip 33109 Country USA	<b>3. Mailing Address</b> 100 South Pointe Dr Suite, Apt. #, etc. Apt. 3103 City & State Miami Beach FL Zip 33139 Country USA
---	--



MOORE CR2E083 (11/03)

<b>4. FEI Number</b> 45-0473510	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> KRIEGER, JEFFREY 777 17TH STREET, PENTHOUSE SUITE MIAMI BEACH FL 33139	<b>7. Name and Address of New Registered Agent</b> Name: Jeffrey Krieger Street Address (P.O. Box Number is Not Acceptable) 100 South Pointe Dr Apt 3103 City: Miami Beach FL Zip Code: 33139
--	--

**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: Jeffrey Krieger Jeffrey Krieger Mgr 2/3/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIEGER, JEFFREY M 777 17TH STREET, PENTHOUSE SUITE MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeffrey Krieger 100 South Pointe Dr # 3103 Miami Beach, FL 33139 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:** Jeffrey Krieger Jeffrey Krieger 2/3/04 305-993-3530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #