

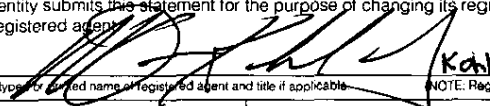



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90076 026 \*\*\*\*\*50.00

<b>DOCUMENT # L02000016317</b> 1. Entity Name <b>KR COLLECTIONS, LLC</b>					
Principal Place of Business <b>50 SE KINDRED ST STE. 107 STUART, FL 34994</b>			Mailing Address <b>PO BOX 1166 STUART, FL 34995</b>		
2. Principal Place of Business <b>2055 South Kanner Highway</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>24061025</b>  	
City & State <b>Stuart, Florida</b>		City & State		4. FEI Number <b>35-2173372</b>	
Zip <b>34994</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KOHL, N. DEAN JR 50 SE KINDRED ST STE. 107 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>Kohl, N. Dean Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2055 South Kanner Highway</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
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  <b>Kohl, N. Dean Jr. 4/29/04</b> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOHL &amp; RICHARD, P.A. 0 SE KINDRED ST., STE 107 STUART, FL 34994</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Kohl &amp; Richard, P.A. 2055 South Kanner Highway Stuart, FL 34994</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  <b>N. Dean Kohl Jr. 4/29/04</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					