

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000019321**  
 1. Entity Name  
**PHIL KROYMAN, LLC**



Principal Place of Business 5311 N.W. 22ND AVENUE TAMARAC, FL 33309	Mailing Address 5311 N.W. 22ND AVENUE TAMARAC, FL 33309
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2289302	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, M. DANIEL  
 3000 NORTH FEDERAL HIGHWAY  
 BUILDING TWO OSOUTH, SUITE 200  
 FORT LAUDERDALE, FL 33306

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROYMAN, PHIL 5311 N.W. 22ND AVENUE TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROYMAN, TAMMY LYNN 5311 N.W. 22ND AVENUE TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000601369  
 01/26/07-80043-021 150.00

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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:** *Phil Kroyman* **01/15/07** **(954) 484-5233**

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