

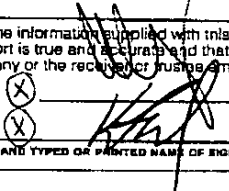
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CPA OFFICE

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90017 031 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000014369			
1. Entity Name KRAWD, L.L.C.			
Principal Place of Business 200 KNUTH ROAD BOYNTON BEACH, FL 33436 US		Mailing Address 200 KNUTH ROAD BOYNTON BEACH, FL 33436 US	
2. Principal Place of Business Suite, Apt. #, etc. Suite # 106		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 90-0071101		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, FREDERICK R CPA 601 NORTH CONGRESS AVENUE SUITE #425 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WANG, ALEXANDER I 200 KNUTH ROAD Suite #106 BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rubinstein, Kenneth D. 200 Knuth Road Suite #106 Boynton Beach, FL 33436 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 recorder or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		5/1/06 #561-738-9007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60035970



04272006 Chg-LLC CR2E083 (11/05)