

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90412 045 \*\*\*\*50.00

**DOCUMENT # L03000017549**

1. Entity Name  
**KRUSZKA PROPERTIES, LLC**



Principal Place of Business  
**4253 BAY BEACH LANE, A-4  
 FORT MYERS BEACH, FL 33931**

Mailing Address  
**4253 BAY BEACH LANE, A-4  
 FORT MYERS BEACH, FL 33931**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4374 108th Street**  
 Suite, Apt. #, etc.

City & State  
**Franksville, WI**

4. FEI Number  
 Applied For  
 Not Applicable

Zip  
**53126**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

03292004 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent  
**KYLE, KEVIN A  
 1520 ROYAL PALM SQUARE BLVD., STE. 320  
 FORT MYERS, FL 33919**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Neal Kruszka 4374 108th Street Franksville, WI 53126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sandra <del>Kruszka</del> Kruszka 4374 108th Street Franksville, WI 53126 <input type="checkbox"/> Change <input checked="" 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
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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: Sandra Kruszka** **Sandra Kruszka** **4/9/04** **262-878-5172**

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