

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020708

Entity Name: KEVIN CRIST, LLC

FILED  
May 10, 2007  
Secretary of State

## Current Principal Place of Business:

1777 SE 15TH STREET  
#320  
FORT LAUDERDALE, FL 33316 US

## Current Mailing Address:

1777 SE 15TH STREET  
#320  
FORT LAUDERDALE, FL 33316 US

## New Principal Place of Business:

1825 PONCE DE LEON BLVD  
#225  
CORAL GABLES, FL 33134 US

## New Mailing Address:

1825 PONCE DE LEON BLVD  
#225  
CORAL GABLES, FL 33134 US

FEI Number: 20-0130694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CRIST, KEVIN P  
1777 SE 15TH STREET  
#320  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

A1A REGISETED AGENT INC  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

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.

SIGNATURE: PAUL SMITH, VP

05/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KEVIN, CRIST P  
Address: 1777 SE 15TH STREET #320  
City-St-Zip: FORT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN CRIST

MGRM

05/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date