


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000026755 1. Entity Name KRISTI SAUNIG, LLC |  |
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| Principal Place of Business 471 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 | Mailing Address 471 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 |
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04212005 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-0105513 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SAUNIG, KRISTI L 471 CYPRESS PT. DR. E. PEMBROKE PINES, FL 33027 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SAUNIG, KRISTI L 471 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ERICKSON, ERIN S 471 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SAUNIG, KRISTI L 471 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 |
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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)(l), 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: *Kristi L Saunig* **4/21/05 786368-5946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #