

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000031172**

1. Entity Name  
KRS PROPERTIES, L.L.C.



Principal Place of Business  
4164 MARQUETTE AVENUE  
JACKSONVILLE, FL 32210

Mailing Address  
4164 MARQUETTE AVENUE  
JACKSONVILLE, FL 32210



03192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0197561

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHNAUSS, KATHERINE B  
10110 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

UC00000477580  
04/06/06-80055-024 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME SCHNAUSS, ROY H III  
STREET ADDRESS 4164 MARQUETTE AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGRM  
NAME SCHNAUSS, KATHERINE B  
STREET ADDRESS 4164 MARQUETTE AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGRM  
NAME SCHNAUSS, ROY H MD  
STREET ADDRESS 4164 MARQUETTE AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/19/06

Date

(904) 381-6967

Daytime Phone #