


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
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
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03222007 No 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 <input type="checkbox"/> \$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: *Katherine B. Schnauss* 3-22-07
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNAUSS, ROY H III 4164 MARQUETTE AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNAUSS, KATHERINE B 4164 MARQUETTE AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNAUSS, ROY H MD 4164 MARQUETTE AVE JACKSONVILLE, FL 32210
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**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: *Katherine B. Schnauss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-22-07 (904) 472-0333
Date Daytime Phone #