

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031172

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

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4164 MARQUETTE AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4164 MARQUETTE AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-0197561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHNAUSS, KATHERINE B
810 MARGARET STREET
JACKSONVILLE, FL 32204 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNAUSS, ROY H III
Address: 4164 MARQUETTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: SCHNAUSS, KATHERINE B
Address: 4164 MARQUETTE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: SCHNAUSS, ROY H MD
Address: 4164 MARQUETTE AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

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

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

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: ROY H. SCHNAUSS III

MGRM

04/14/2009

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