


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000055316 1. Entity Name KREISER LLC	
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Principal Place of Business 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981	Mailing Address 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981
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01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0570175	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 _____

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	MGR KREISER, DANIEL E 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRELL, SHANNON 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KREISER, DANIEL E 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRELL, SHANNON 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000583597
01/12/07-80002-018 50.00

**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

DANIEL KREISER

Date

1/5/2007. 772461 5833

Daytime Phone #