


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000055316</b> 1. Entity Name <b>KREISER LLC</b>	
--	---

Principal Place of Business <b>4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>	Mailing Address <b>4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0570175</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

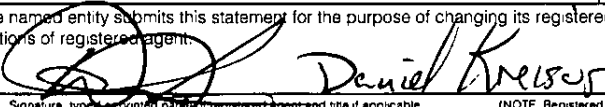
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

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**

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  **Daniel Kreiser** DATE **4/3/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**UD00000882584**  
**04/16/08-80047-008 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KREISER, DANIEL E 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FERRELL, SHANNON 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KREISER, DANIEL E 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FERRELL, SHANNON 4880 GLADES CUT-OFF ROAD FT. PIERCE, FL 34981</b>
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:**  **44-08 772-595-0009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #