

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000039083**

1. Entity Name  
**KRAMER FARMS LLC**



Principal Place of Business  
**541300 US HIGHWAY 1  
CALLAHAN, FL 32011-8104**

Mailing Address  
**541300 US HIGHWAY 1  
CALLAHAN, FL 32011-8104**



04172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2809335**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**KRAMER, DAVID R  
541300 US HIGHWAY 1  
CALLAHAN, FL 32011-8104**

**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 \$80.00  
Due by May 1, 2007**

U000000720548  
05/01/07-80109-003 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, DAVID R 541300 US HWY 1 CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, DAVID R JR 541272 US HWY 1 CALLAHAN, FL 32011
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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:**

*David R Kramer*

**DAVID R KRAMER**

Date

**4-16-07 (904) 504-4764**

Daytime Phone #