

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90017 009 \*\*\*\*50.00

<b>DOCUMENT # L04000057958</b>					
<b>1. Entity Name</b> KRN PROPERTIES, LLC					
<b>Principal Place of Business</b> 100 DRIFTWOOD LANE LARGO, FL 33770			<b>Mailing Address</b> 100 DRIFTWOOD LANE LARGO, FL 33770		
<b>2. Principal Place of Business</b> 202 Garden Circle		<b>3. Mailing Address</b> 202 Garden Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Belleair, FL.		<b>City &amp; State</b> Belleair, FL.		<b>4. FEI Number</b> 20-1453032	
<b>Zip</b> 33756		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHOWDHURY, SUSANTI K 100 DRIFTWOOD LANE LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY - ST - ZIP	202 Garden Circle Belleair, FL. 33756	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Susanti K. Chowdhury		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <span style="float: right;">4/24/06</span>		