


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000062536			
1. Entity Name <b>KRAER SQUARE L.L.C.</b>			
Principal Place of Business 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33481		Mailing Address 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33481	
2. Principal Place of Business 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 USA		3. Mailing Address 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 USA	
Zip	Country	Zip	Country

5/

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90042 022 \*\*\*\*50.00

300000001



1st MOORE

CR2E083 (10/04)

4. FEI Number <b>20-1532586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BEZNOS, SAMUEL</b> 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33481		7. Name and Address of New Registered Agent Name <b>BEZNOS, SAMUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2201 NW CORPORATE BLVD.</b> <b>SUITE 100</b> City <b>BOCA RATON, FL 33431</b> <b>FL</b> Zip Code	
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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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>OAKLAND MANAGEMENT CORP.</b> <b>81731 NORTHWESTERN HIGHWAY, ST. 250W</b> <b>FARMINGTON HILLS MI 48384</b>	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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/05

Date

Daytime Phone #