


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90305 033 \*\*\*\*50.00

<b>DOCUMENT # L04000067808</b> 1. Entity Name <b>KREST VENTURES, LLC</b>																													
Principal Place of Business <b>599 SUNSET POINTE DRIVE LAKE PLACID, FL 33852</b>			Mailing Address <b>599 SUNSET POINTE DRIVE LAKE PLACID, FL 33852</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>20-1686948</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>ELLIS, SETH E ESQ. SETH E. ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEBLANC, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>599 SUNSET POINTE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE PLACID, FL 33852</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	LEBLANC, KENNETH		STREET ADDRESS	599 SUNSET POINTE DRIVE		CITY-ST-ZIP	LAKE PLACID, FL 33852		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LeBlanc, Kenneth</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>599 Sunset Pointe Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lake Placid, FL 33852</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LeBlanc, Kenneth		STREET ADDRESS	599 Sunset Pointe Drive		CITY-ST-ZIP	Lake Placid, FL 33852	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Kenneth Leblanc**  
**Managing Member**

**3/21/07**