


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90064 050 \*\*\*143.75

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # L04000075855</b>        |  |
| 1. Entity Name<br><b>KRISCAL, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>6601 LYONS ROAD<br/>SUITE F 5<br/>COCONUT CREEK FL 33073</b> | Mailing Address<br><b>6601 LYONS ROAD<br/>SUITE F 5<br/>COCONUT CREEK FL 33073</b> |
|--|--|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

1st MOORE CR2E083 (10/07)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CECIL W. JEFFREY ESQ<br/>PORTER, WRIGHT, MORRIS &amp; ARTHUR LLP<br/>5801 PELICAN BAY BLVD., SUITE 300<br/>NAPLES FL 34108-2709</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Kunka-Morris, Kristine M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6601 Lyons Rd</b><br>City <b>Coconut Creek</b> FL Zip Code <b>33073</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.

SIGNATURE *Kristine M. Kunka-Morris* DATE **2-4-08**

(NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS                 |  | 10. ADDITIONS / CHANGES                        |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KUNKA-MORRIS, KRISTINE M<br>6601 LYONS ROAD<br>COCONUT CREEK FL 33073 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kristine M. Kunka-Morris* DATE **2-4-08** DAYTIME PHONE # **561-504-2075**

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