

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076338

**FILED**  
**Apr 10, 2005**  
**Secretary of State**

**Entity Name:** KINNICK KROEGER, A REAL ESTATE SERVICES GROUP, LLC

**Current Principal Place of Business:**

3150 SEASONS WAY, #615  
ESTERO, FL 33928

**New Principal Place of Business:**

2248 JASPER AVENUE  
FORT MYERS, FL 33907

**Current Mailing Address:**

3150 SEASONS WAY, #615  
ESTERO, FL 33928

**New Mailing Address:**

2248 JASPER AVENUE  
FORT MYERS, FL 33907

**FEI Number:** 35-2122146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBORAH KROEGER GREENE  
3150 SEASONS WAY, #615  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

DEBORAH KROEGER GREENE  
2248 JASPER AVENUE  
FORT MYERS, FL 33907 US

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.

**SIGNATURE:**

04/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** DEBORAH KROEGER GREE, NE  
**Address:** 3150 SEASONS WAY, #615  
**City-St-Zip:** ESTERO, FL 33928

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** DEBORAH KROEGER GREE, NE  
**Address:** 2248 JASPER AVENUE  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** DEBORAH KROEGER GREENE

MGR

04/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date