


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000081907 1. Entity Name KRESS SQUARE I, LLC	
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Principal Place of Business 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122	Mailing Address 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2741092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAORLD L  
 ONE BISCAYNE TOWER, SUITE 2400  
 2 SOUTH BISCAYNE BLVD.  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

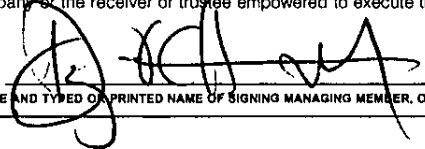
**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASON, DORAN 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASON, JEANNETTE 476 BOSPHOROUS AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEWETT, DWIGHT 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000702185  
04/20/07-80087-023 50.00

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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.

SIGNATURE:  DATE: 4-6-07 DAYTIME PHONE # \_\_\_\_\_

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