## . 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000081926

1. Enlity Name KRESS SQUARE IV. LLC

FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122 3155 NW 82ND AVENUE, SUITE 101 MIAMI, FL 33122



03152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2740953 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulted

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registe	red 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 reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

U00000475197 04/05/06-80006-002 50.00

	***
8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	JASON, DORAN
STREET ADDRESS	3155 NW 82ND AVENUE, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGR
NAME	JASON, JEANNETTE
STREET ADDRESS	476 BOSPHOROUS AVE.
City-ST-Zip	TAMPA, FL 33606
TITLE	MGR
NAME	HEWETT, DWIGHT
STREET ADDRESS	3155 NW 82ND AVENUE, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE .	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TATLE	
NAME	
STREET ADDRESS	
City-St-ZiP	

## DO NOT WRITE IN THIS SPACE

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 eath, 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: JORAN A. JAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESEN 3/16/06

365 592-7606

Daytime Phone 8