

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2005  
Secretary of State**

DOCUMENT# L04000082006

Entity Name: JAMI MARIE KRAUSE, LLC

**Current Principal Place of Business:**

1270 GULF BLVD., APT. 1505  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

35 ORCHARD STREET  
NEW PORT, VT 33767

**New Mailing Address:**

FEI Number: 20-1870071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: KRAUSE, JAMI  
Address: 1270 GULF BLVD., APT. 1505  
City-St-Zip: CLEARWATER, FL 33767

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      ( ) Delete  
Name: KRAUSE, JAMI  
Address: 1270 GULF BLVD., APT. 1505  
City-St-Zip: CLEARWATER, FL 33767

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMI MARIE KRAUSE

MGR

05/03/2005

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