


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000085816 1. Entity Name KR FINANCIAL ENTERPRISES LLC |  |
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|--|--|
| Principal Place of Business 15385 S DIXIE HWY #17 MIAMI, FL 33157 | Mailing Address 15385 S DIXIE HWY #17 MIAMI, FL 33157 |
|--|--|

DO NOT WRITE IN THIS SPACE



04302007 No Chg-LLC CR2E083 (11/05)

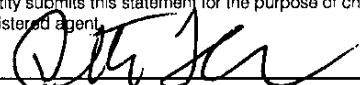
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|---|---------------------------------------|
| 4. FEI Number 20-1986536 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEE, PETER F
 15385 S DIXIE HWY
 17
 MIAMI, FL, FL 33157

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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  DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEE, PETER 15385 S DIXIE HWY MIAMI, FL 33157 |
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 05/30/07-80012-023 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 4/30/07 DAYTIME PHONE # 305-569-3237

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