

**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
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1986536	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

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

**DO NOT WRITE IN THIS SPACE**

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)

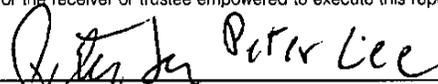
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, PETER 15385 S DIXIE HWY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763531  
 05/30/07-80012-023 50.00

**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 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 Date Daytime Phone #