2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # L0400088902 1. Entity Name KRES PROPERTIES, LLC					05-02-2006 90033 040 ****50.00		
Principal Place of Business 3858 SHERIDAN STREET		Mailing Address 3858 SHERIDAN STREET			-~/37		
"S" HOLLYWOOD, FL 33021		"S" Hollywood, fl 33021				IT 1914 ORTO 6180	ETT III (TT)
2. Principal Place of Business KRES PROPERTIES, LLC. Suite, Apt. #, etc.		3. Mailing Address KRES PROPERTIES, LL(Suite, Apt. #, etc.		_اــــ	1		
3858	-S SHERIDAN ST.	3858-5 SHERIDANST.		Τ.	•	83 (11/05)	
City & State Hollywood, FL		Hollywood FL			4. FEI Number 20-1963353	Not	plied For Applicable
^{Zip} 33	021 Country USA	33021	Country U.S.	A	5. Certificate of Status Desired	\$5.00 Addi Fee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered	Agent	
SCHECHTER, STUART A 3858 SHERIDAN STREET				Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD, FL 33021							
			City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	jistered office or	register	red agent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signet	ura required	DATE (# Commission)		kangara .
Fi	ling Fee is \$50.00 ue by May 1, 2006				Make check Florida Departn		
9.	MANAGING MEMBE		10.	M 4.5	ADDITIONS/CHANGES		
NAME STREET ADDRESS	MGR SCHECHTER, STUART A 3858 SHERIDAN STREET	☐ Delete	NAME STREET ADDRESS	MG SC+	K HECHTER, STUART A. 58-S SHERIDAN ST.	Change	☐ Addition
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		ly wood FL 33021		
TITLE	··	☐ Delete	TITLE NAME		<i>J</i> ,	☐ Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				,
TITLE		☐ Delete	TITLE NAME			Change	Addition
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		Defete				Change	Addition
STREET ADDRESS	ss		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			·	
TITLE NAME		☐ Defete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	1	☐ Delete	TITLE			Change	☐ Addition
1 PANNE			NAME	1			
STREET ADDRESS			NAME STREET ADDRESS			—	

11. I hereby certify that the information supplied with this filing does not qualify for the examptions 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.