

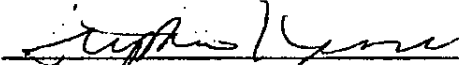


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000029581		
1. Entity Name KRASNER FAMILY LLC		
Principal Place of Business 15964 D'ALENE DR DELRAY BEACH, FL 33446 US		Mailing Address 15964 D'ALENE DR DELRAY BEACH, FL 33446 US
DO NOT WRITE IN THIS SPACE		
		
07072008 No Chg-LLC CR2E083 (12/07)		
4. FEI Number 20-2632023		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KRASNER, STEPHEN 15964 D'ALENE DR DELRAY BEACH, FL 33446		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____</small>		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRASNER, STEPHEN 15964 D'ALENE DR DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		7/7/08 301-444-8810 <small>Date Officers Phone #</small>