


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90103 018 ***138.75

DOCUMENT # L05000046512 1. Entity Name KRANE DUBOIS, LLC					
Principal Place of Business 100 VILLAGE SQUARE CROSSING 103 PALM BEACH GARDENS, FL 33410			Mailing Address 100 VILLAGE SQUARE CROSSING 103 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # 11309 E TEACH RD Suite, Apt. #, etc.		3. Mailing Address PO Box 32727 Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL Zip 33410		City & State PALM BEACH GARDENS, FL Zip 33410		4. FEI Number 20-3045040 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 S. FLAGLER DR, STE 1100 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR KRANE, JONATHAN D 100 VILLAGE SQUARE CROSSING, #103 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7944 WOODROW WILSON DRIVE LOS ANGELES, CA 90046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR DUBOIS, ANNE M 100 VILLAGE SQUARE CROSSING, #103 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11309 E TEACH RD PALM BEACH GARDENS, FL 33410	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Anne M. Dubois</u> ANNE M. DuBOIS			Date: <u>4-11-08</u> Daytime Phone #: <u>561-656-2421</u>		

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