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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054597

1. Entity Name
KRF 15477 ADMIRALTY, LLC

60048023

Principal Place of Business	Mailing Address
C/O KIM ROBERT FODOR 926 PINE TREE ROAD WEST LAKE ORION, MI 48362	C/O KIM ROBERT FODOR 926 PINE TREE ROAD WEST LAKE ORION, MI 48362

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04182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2998339
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANOFF, BURTON M
C/O BURTON M. ROMANOFF
1990 MAIN STREET, SUITE 700
SARASOTA, FL

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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
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	MGR
NAME	FODOR, KIM R
STREET ADDRESS	926 PINE TREE ROAD WEST
CITY-ST-ZIP	LAKE ORION, MI 48362
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kim R Fodor 4/23/2007 (313) 215-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #