

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 034 ***138.75

DOCUMENT # L05000054597

1. Entity Name
KRF 15477 ADMIRALTY, LLC



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

Mailing Address
**C/O KIM ROBERT FODOR
 926 PINE TREE ROAD WEST
 LAKE ORION, MI 48362**

60020417



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03212008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

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**

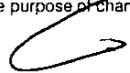
7. Name and Address of New Registered Agent

Name **JOHNSON S. SAVARY, JR., ESQ**

Street Address (P.O. Box Number is Not Acceptable)
1990 MAIN STREET, STE. 700

City **SARASOTA** FL Zip Code **34230**

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  **Johnson S. Savary, Jr.** DATE **3-21-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

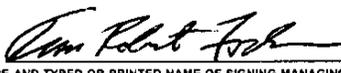
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FODOR, KIM R 926 PINE TREE ROAD WEST LAKE ORION, MI 48362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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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"/> 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:  **Kim Robert Fodor** DATE **3/21/08** Daytime Phone # **1-313-215-8902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #