2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061218

Name:

Address:

City-St-Zip:

18812 41ST. ROAD N.

LOXAHATCHEE, FL 33470

Entity Name: KRT ENTERPRISES, L.L.C.

FILED Jan 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 706 MADISON, FL 32340 **Current Mailing Address: New Mailing Address:** P.O. BOX 706 MADISON, FL 32340 FEI Number: 20-3029147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, REGINA 3172 SW S.R. 14 MADISON, FL 32340 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete THOMPSON, KEITH Name: Name: Address: 3172 SW S.R.14 Address: City-St-Zip: MADISON, FL 32340 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: THOMPSON, REGINA Name: Address: 3172 SW S.R. 14 Address: City-St-Zip: MADISON, FL 32340 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THOMPSON, VICTORIA Name: Name: 11915 BOARDWALK DR, APT.3612C Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THOMPSON, DARYL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: REGINA THOMPSON 01/15/2006