

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065457

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

CHITRA BHANDARI % KRAMER, GREEN ET AL.
4000 HOLLYWOOD BLVD, SUITE 485-SOUTH
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

CHITRA BHANDARI
1234 S DIXIE HIGHWAY #406
CORAL GABLES, FL 33146

New Mailing Address:

CHITRA BHANDARI % KRAMER, GREEN ET AL.
4000 HOLLYWOOD BLVD, SUITE 485-SOUTH
HOLLYWOOD, FL 33021

FEI Number: 20-3105883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485 - SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: BHANDARI, RAMDAS
Address: % 4000 HOLLYWOOD BLVD SUITE 485 - SOUTH
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: BHANDARI, CHITRA
Address: % 4000 HOLLYWOOD BLVD SUITE 485 - SOUTH
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RAMDAS BHANDART

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date