

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 019 \*\*\*\*55.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # L05000076537</b><br>1. Entity Name<br><b>KRAFT OFFICE CENTER, LLC</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>2606 SOUTH HORSESHOE DRIVE<br/>NAPLES, FL 34104</b>  |   |   | Mailing Address<br><b>2606 SOUTH HORSESHOE DRIVE<br/>NAPLES, FL 34104</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3530 KRAFT ROAD<br/>SUITE 300<br/>NAPLES, FL 34105</b>  |   | 3. Mailing Address<br><b>3530 KRAFT ROAD<br/>SUITE 300<br/>NAPLES, FL 34105</b> |   |  |  |
| Zip<br>  |   | Country<br>   |   | 4. FEI Number<br><b>20-3345151</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   | Applied For<br>Not Applicable   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>GRANT, RICHARD C ESQ.<br/>GRANT, FRIDKIN, PEARSON, ATHAN &amp; CROWN PA<br/>5551 RIDGEWOOD DRIVE, SUITE 501<br/>NAPLES, FL 34108</b>   |   |   |   |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>DATE _____  |   |   |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>                    |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>MACIVOR, THOMAS A</b><br><b>365 5TH AVE SUITE 201</b><br><b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>3530 KRAFT ROAD</b><br><b>SUITE 300</b><br><b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>Thomas A. Macivor</i>   |   |   | <b>4/24/07</b> <b>(239) 434-0600</b>                                      |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   | Date Daytime Phone  |  |  |