


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000076537 1. Entity Name KRAFT OFFICE CENTER, LLC	
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Principal Place of Business 3530 KRAFT RD STE 300 NAPLES, FL 34105	Mailing Address 3530 KRAFT RD STE 300 NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3345151	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD C ESQ.
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000920515
05/14/08-80047-009 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACIVOR, THOMAS A 3530 KRAFT RD STE 300 NAPLES, FL 34105
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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: Thomas A. Macivor 3/31/08 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #