


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90028 003 \*\*\*\*50.00

<b>DOCUMENT # L05000088575</b> 1. Entity Name <b>KRUCHTEN CAPITAL ENHANCEMENT, LLC</b>					
Principal Place of Business <b>975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US</b>			Mailing Address <b>975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-3413360</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRUCHTEN, DEMIAN M 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUCHTEN, DEMIAN M		NAME		
STREET ADDRESS	975 6TH AVENUE SOUTH, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUCHTEN, K P		NAME		
STREET ADDRESS	975 6TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Demian Kruchten Managing Member</i>			04-20-06 (239) 775-8962		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT  
2004 2485

KRUCHTEN CAPITAL ENHANCEMENT, LLC

975 Sixth Avenue So., Suite 200  
Naples, Florida 34102-6753

April 20, 2006

Division of Corporations  
Florida Department of State  
P. O. Box 6198  
Tallahassee, Florida 32314

Re: Document #L05000088575  
Kruchten Capital Enhancement, LLC

To Whom It May Concern:

Enclosed is check #1007 in the amount of \$50 for the 2006 annual report filing fee for Kruchten Capital Enhancement, LLC.

If you have any questions or comments, please feel free to call our office at (239) 775-8962.

Sincerely,

*Susan Bill*

Susan J. Bill

Copy: A/P File

Telephone: (239) 775-8962 FAX: (239) 793-6971