

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093362

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: KRABILL ENTERPRISES, LLC

## Current Principal Place of Business:

924 HUNAN ST  
PALM BAY, FL 32907

## New Principal Place of Business:

924 HUNAN ST.  
PALM BAY, FL 32907 US

## Current Mailing Address:

924 HUNAN ST  
PALM BAY, FL 32907

## New Mailing Address:

924 HUNAN ST.  
PALM BAY, FL 32907 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete  
Name: KRABILL, KRISTOPHER  
Address: 924 HUNAN ST  
City-St-Zip: PALM BAY, FL 32907

Title: MGRM ( ) Delete  
Name: KRABILL, ZACHARY  
Address: 924 HUNAN ST  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: KRABILL, KRISTOPHER  
Address: 924 HUNAN ST.  
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change ( ) Addition  
Name: KRABILL, ZACHARY  
Address: 924 HUNAN ST.  
City-St-Zip: PALM BAY, FL 32907

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.

SIGNATURE: KRIS KRABILL

MGRM

04/26/2006

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