


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90216 042 ****55.00

DOCUMENT # L05000097216 1. Entity Name SHEILA KRAEMER LLC.			
Principal Place of Business 224 HWY 90 WEST HOLT FL 32564		Mailing Address 224 HWY 90 WEST HOLT FL 32564	
2. Principal Place of Business 224 Hwy 90 West Suite, Apt. #, etc.		3. Mailing Address 224 Hwy 90 West Suite, Apt. #, etc.	
City & State Holt FL		City & State Holt FL	
Zip 32564		Zip 32564	
Country okaloosa		Country okaloosa	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAEMER, SHEILA 224 HWY 90 WEST HOLT FL 32564		7. Name and Address of New Registered Agent Name Callahan, Sheila Street Address (P.O. Box Number is Not Acceptable) 589 Springtime Ave. City Holt FL Zip Code 32564	
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 <u>Sheila Kraemer</u> 04-04-06 <small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM KRAEMER, SHEILA 224 HWY 90 WEST HOLT FL 32564	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Callahan, Sheila 589 Springtime Ave. Holt, FL 32564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: <u>Sheila O. Kraemer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		02-26-06 850-758-5054 <small>Date Daytime Phone</small>	