## **2006 LIMITED LIABILITY COMPANY**

## May 04, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-04-2006 90029 016 \*\*\*\*50.00 DOCUMENT #L05000106983 KRW SURPRISE LAND HOLDINGS, LLC OUU36576 Mailing Address Principal Place of Business 2040 WHITFIELD AVENUE 2040 WHITFIELD AVENUE SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIDDLEBROOKS, J. HÜGH 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Change TITLE TITLE ■ Addition ROBERT 4- ROSKAMP NAME NAME 2040 WHITFIELD AVENUE STREET ADDRESS STREET ADDRESS SARAGOTA, FL 3UZUS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

26/06

755-0302

**FILED**