


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90046 014 ****50.00

DOCUMENT # L05000114821 1. Entity Name KRP COMMERCIAL, LLC			
Principal Place of Business 201 N. FRANKLIN STREET, SUITE 2000 ONE TAMPA CITY CENTER TAMPA, FL 33602		Mailing Address 201 N. FRANKLIN STREET, SUITE 2000 ONE TAMPA CITY CENTER TAMPA, FL 33602	
2. Principal Place of Business 5607 JOHNS RD Suite, Apt. #, etc. 1001		3. Mailing Address 5607 JOHNS RD. Suite, Apt. #, etc. 1001	
City & State TAMPA, FL Zip 33634		City & State TAMPA, FL Zip 33634	
Country HILLSBOROUGH		Country HILLSBOROUGH	
4. FEL Number 20-3871072		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR. ANTHONY S. ITALIANO, SR. 5607 JOHNS RD, STE 1001 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR SALVATORE A. ITALIANO 5607 JOHNS RD, STE 1001 TAMPA, FL 33634
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
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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: <u>Anthony S. Italiano Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/26/06 (813) 254-3883 <small>Date Daytime Phone #</small>	
ANTHONY S. ITALIANO, SR. MANAGER			