


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		DEPARTMENT OF REVENUE	
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		3. Mailing Address 5607 JOHNS RD.	
Suite, Apt. #, etc. 1001		Suite, Apt. #, etc. 1001	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33634		Country HILLSBOROUGH	
Zip 33634		Country HILLSBOROUGH	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
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
		MR. 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
		MR. 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: <i>Anthony S. Italiano Sr.</i>		Date: 4/26/06	Daytime Phone #: (813) 254-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
ANTHONY S. ITALIANO, SR. MANAGER			