


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90117 030 \*\*\*\*50.00

<b>DOCUMENT # L05000114821</b>				
1. Entity Name <b>KRP COMMERCIAL, LLC</b>				
Principal Place of Business <b>5607 JOHNS RD 1001 TAMPA, FL 33634</b>		Mailing Address <b>5607 JOHNS RD 1001 TAMPA, FL 33634</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>
<b>BOGGS, DAVID M</b> 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602				Name <b>ITALIANO, SR, ANTHONY S</b> Street Address (P.O. Box Number is Not Acceptable) <b>5607 JOHNS RD, STE 1001</b> City <b>TAMPA</b>
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.				Applied For <input type="checkbox"/> Not Applicable
SIGNATURE <u>Anthony S. Italiano Sr.</u> <b>Anthony S. Italiano, Sr.</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <b>3/16/07</b>

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03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3871072**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ITALIANO, ANTHONY S SR</b> <b>5607 JOHNS RD STE 1001</b> <b>TAMPA, FL 33634</b>	<input type="checkbox"/> Delete	<b>MGR</b> <b>ITALIANO, SR, ANTHONY S</b> <b>5607 JOHNS RD, STE 1001</b> <b>TAMPA, FL 33634</b>
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<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 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:** Anthony S. Italiano Sr. **Anthony S. Italiano, Sr.** **3/16/07** **813-254-3883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #