


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90016 044 ***138.75

DOCUMENT # L05000114821 1. Entity Name KRP COMMERCIAL, LLC	
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Principal Place of Business 5607 JOHNS RD 1001 TAMPA, FL 33634	Mailing Address 5607 JOHNS RD 1001 TAMPA, FL 33634
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2. Principal Place of Business - No P.O. Box # 3413 BEACH DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1589 Suite, Apt. #, etc.
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City & State TAMPA, FL	City & State ELFERS, FL
Zip 33629	Zip 34680



01172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ITALIANO, ANTHONY S SR 5607 JOHNS RD STE 1001 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3413 BEACH DRIVE City TAMPA	
State FL		Zip Code 33629	

4. FEI Number 20-3871072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ITALIANO, ANTHONY S SR			NAME	3413 BEACH DRIVE		
STREET ADDRESS	5607 JOHNS RD STE 1001			STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ITALIANO, SALVATORE A			NAME	2823 SOUTH MACDILL AVENUE		
STREET ADDRESS	5607 JOHNS RD STE 1001			STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Anthony S. Italiano Anthony S. Italiano Sr. 4/19/08 813-920-5680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #