2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME

Feb 20, 2007 8:00 am Secretary of State **DOCUMENT # L05000119202** 02-20-2007 90367 044 ****50 00 1. Entity Name KROBLIS LLC Principal Place of Business Mailing Address 6956 SHEPHERD OAKS RD. 6956 SHEPHERD OAKS RD. LAKELAND, FL 33811 US LAKELAND, FL 33811 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4303 Windmill Ridge Rd 4303 Windmill Ridge Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For 20-3931987 Not Applicable \$5.00 Additional UP 5. Certificate of Status Desired 33561 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMOS, SERGIO M 4303 WITHMIT RIEGE RE Plant City FL 33567 Street Address (P.O. Box Number is Not Acceptable) 6956 SHEPHERD OAKS RD. LAKELAND; FL 3381T 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 agenf. Signature, typed or printed name of registe (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM Delete TITLE Change Addition TITLE 4303 Windmill Ridge Rd Plant City FC 33567 4303 Windmill Ridge Rd RAMOS, SERGIO M NAME NAME 6956 SHEPHERD OAKS RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33811 CITY-ST-ZIP MGR Change Delete ☐ Addition TITLE TITLE RAMOS, ROSA I NAME NAME 6956 SHEPHERD OAKS RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33811 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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-7IP 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:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED