
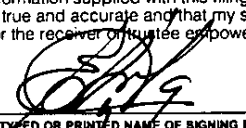


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90040 043 ****50.00

DOCUMENT # L06000032663 1. Entity Name KRA TOWER, LLC					
Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133			Mailing Address 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		
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		
6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BOULEVARD, SUITE 850 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name EDUARDO AVILA Street Address (P.O. Box Number is Not Acceptable) 2601 So. Bayshore Dr # 200 City MIAMI FL Zip Code 33133	
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, EDUARDO 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROLL, ABEL S 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, CARLOS 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, CARLOS 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, CARLOS 2601 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 04/23/07 Daytime Phone #					