
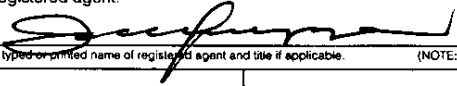



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90090 019 \*\*\*\*50.00

DOCUMENT # L06000038606					
1. Entity Name <b>PRANICH STRAND, LLC</b>					
Principal Place of Business <b>9701 SPRAY DRIVE WEST PALM BEACH, FL 33401</b>			Mailing Address <b>9701 SPRAY DRIVE WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # <b>9701 Spray Drive</b>		3. Mailing Address <b>9701 Spray Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>76-0825377</b>	
Zip <b>33411</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KOEPEL, JOEL P 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent		
			Name <b>Joel P. Koepfel</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>1016 Clearwater Place</b>		
			City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</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.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
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	
			<b>P Yoopa Pranich 9701 Spray Drive West Palm Beach, FL 33411</b>		
			<b>VP Kanok Pranich 9701 Spray Drive West Palm Beach, FL 33411</b>		
			<b>ST Joel P. Koepfel 1016 Clearwater Place West Palm Beach, FL 33401</b>		
			<input type="checkbox"/> Change <input checked="" 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					