



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90101 001 ****50.00

DOCUMENT # L06000039552 1. Entity Name KREMKAU LLC					
Principal Place of Business 16510 SID COLLINS LN TALLAHASSEE, FL 32310				Mailing Address 16510 SID COLLINS LN TALLAHASSEE, FL 32310	
2. Principal Place of Business - No P.O. Box # 16510 Sid Collins LN		3. Mailing Address 16510 Sid Collins LN			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1		01212007 Chg-LLC CR2E083 (12/06)	
City & State Tall FL		City & State Tall FL		4. FEI Number 02-0774522	
Zip 32310		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KREMKAU, ERIK 16510 SID COLLINS LN TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Erik Kremkau</u> (NOTE: Registered Agent signature required when reinstating) 2/16/06					
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	MGRM KREMKAU, ERIK 16510 SID COLLINS LN TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRONAN, TARA 161 MCCALLISTER RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLEIMLING, ANDREW 1819 W. PENSACOLA D-3 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Erik Kremkau</u> 2/16/06 (850) 933 9508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					