

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041921

Entity Name: KROK FAMILY PROPERTY LLC

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

05331 MAGNOLIA RIDGE ROAD
FRUITLAND PARK, FL 34731

New Principal Place of Business:

1505 BODELL LANE
ORLANDO, FL 32803

Current Mailing Address:

05331 MAGNOLIA RIDGE ROAD
FRUITLAND PARK, FL 34731

New Mailing Address:

1505 BODELL LANE
ORLANDO, FL 32803

FEI Number: 20-4733430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HELLER, KIM F
374 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

HELLER, KIM F
374 S. ATLANTIC AVENUE
B1
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: KIM F. HELLER

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE WALTER P. KROK L, IVING TRUST AG R EEMENT
Address: 05331 MAGNOLIA RIDGE ROAD
City-St-Zip: FRUITLAND PARK, FL 34731 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE WALTER P. KROK L, IVING TRUST AG R EEMENT
Address: 1505 BODELL LANE
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: POLLY R. SMITH

MGRM

09/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date