2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ORIGINAL Feb 08, 2008 08:00 AN Secretary of State

DOCUMENT # L06000097280 1. Entity Name KRE REPORTING, LLC							S	ecre	tary o	of Sta
Principal Place 2508 EGRET WEST PALM I	LAKE DRIVI	E	Mailing Address 2508 EGRET LAKE DRIVE WEST PALM BEACH, FL 33413 US			1 4 8 5	III SBUB BIIIK BBIII 48411 F	IIC MARIA PRIIPAN	PIE INSEL (SII) SEI	. Di 114 18 8)
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numb				plied For Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired				
	6. Namo	and Address of Current R	egistered Agent Name			7. Name and Address of New Registered Agent				
ETTINGER, KAREN 2508 EGRET LAKE DRIVE WEST PALM BEACH, FL 33413					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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								ke check p a Departm	ayable to ent of State	,
9.		MANAGING MEMBER		10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS	l	R, KAREN RET LAKE DRIVE	☐ Delete		EET ADDRESS		U00000 02/19/08-	: :021423	☐ Change	Addation
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33413	CITY-ST-ZIP ☐ Delete TITLE			 	02/19/08-	80023-	<u>011 138</u> □ Change	75 ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			L Delate	NAM STRI					- Ourside	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete						Change	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 of the receiver of fusitee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE AUTO MANGE OF SIGNATURE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Designing Proce 4										