

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90181 017 \*\*\*138.75

<b>DOCUMENT # L07000040724</b>					
<b>1. Entity Name</b> KRONE ENTERPRISES, LLC					
<b>Principal Place of Business</b> 320 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701			<b>Mailing Address</b> 320 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701		
<b>2. Principal Place of Business - No P.O. Box #</b> SAME AS ABOVE		<b>3. Mailing Address</b> SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8889889	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DULIN, RAMSEY W 201 EAST PINE STREET, SUITE 425 ORLANDO, FL 32801-2717				<b>7. Name and Address of New Registered Agent</b> Name: STEVE KRONE Street Address (P.O. Box Number is Not Acceptable): 320 OAK HILL DR. City: ALTAMONTE SPRINGS FL Zip Code: 32701	
<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.</b> SIGNATURE: <u>[Signature]</u> DATE: 3/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> KRONE, STEVEN E		<b>TITLE</b> MGR	<b>NAME</b> NON KRONE	
<b>STREET ADDRESS</b> 320 OAK HILL DRIVE	<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32701		<b>STREET ADDRESS</b> 3700 MOCKINGBIRD LANE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32807	
<b>TITLE</b> <del>MANAGING MEMBER</del>	<b>NAME</b> <del>JOHN KRONE</del>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> <del>3700 MOCKINGBIRD LANE</del>	<b>CITY-ST-ZIP</b> <del>ORLANDO, FL 32807</del>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DISREGARD & SK	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			3/17/08 407-461-0406		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		