2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2008 8:00 am **Secretary of State DOCUMENT # L07000055317** 01-18-2008 90016 022 ***143.75 KRAL INVESTMENTS, LLC Principal Place of Business Mailing Address **50 NORTH SHORE DRIVE** PO BOX 1193 ANNA MARIA, FL 34216 ANNA MARIA, FL 34216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name KRAL, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 50 NORTH SHORE DRIVE ANNA MARIA, FL City 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 title 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGMR TITLE ☐ Delete TITLE Change Addition ROBERT E. KRAL 50 NORTH SHORE PRIVE NAME NALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANNA MARIA, FL 34316 ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 7MLF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED