


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 031 ***138.75

| | |
|------------------------------------|---|
| DOCUMENT # L07000065177 |  |
| 1. Entity Name KSERA LLC | |

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|--|--|
| Principal Place of Business 440 82ND AVENUE ST. PETE BEACH, FL 33706 | Mailing Address 440 82ND AVENUE ST. PETE BEACH, FL 33706 |
|--|--|

60012070



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01112008 Chg-LLC CR2E083 (12/06)

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|-------------------------------------|--|
| 4. FEI Number 74-321-8818 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KARNS, JEREMY J 440 82ND AVENUE ST. PETE BEACH, FL 33706 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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|---|---------------------------|
| 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 <i>Jeremy J. Karns</i> | DATE <i>Feb. 29, 2008</i> |

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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|------------------------------------|---|--|
| FILE NOW!!! FEE IS \$138.75 | After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KARNS, JEREMY J 440 82ND AVENUE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <i>Jeremy J. Karns</i> | DATE: <i>Feb. 29, 2008</i> | DAYTIME PHONE #: <i>727-363-1122</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |