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1.

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

07 MAR 15 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L94000000413

1. Entity Name
KRIZMANICH HOLDINGS. L.C.

Principal Place of Business	Mailing Address
~~5801 ULMERTON RD~~ ~~SUITE 203~~ ~~CLEARWATER, FL 33760~~	~~5801 ULMERTON ROAD~~ ~~SUITE 203~~ ~~CLEARWATER, FL 33760~~

01082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12360 - 66th St.	12360 - 66th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo FL	City & State: Largo FL
Zip: 33773 Country:	Zip: 33773 Country:

4. FEI Number: 59-3261614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIZMANICH, MICHAEL Krizmanich, Michael
~~5801 ULMERTON RD~~ 12360 - 66th Street
~~SUITE 203~~
~~CLEARWATER, FL 33760~~ Largo, FL 33773

7. Name and Address of New Registered Agent

Name

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KRIZMANICH, MICHAEL G ~~5801 ULMERTON RD SUITE 203~~ ~~CLEARWATER, FL 33760~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Krizmanich, Michael G. 12360 - 66th St. Largo FL 33773 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KRIZMANICH, VINCETTA ~~5801 ULMERTON RD SUITE 203~~ ~~CLEARWATER, FL 33760~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Krizmanich, Vincetta 12360 - 66th St. Largo FL 33773 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Michael Krizmanich 1-22-07 (727) 530-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #