


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 A
Secretary of State

DOCUMENT # L96000001332	
1. Entity Name KRATER & ASSOCIATES LLC	

Principal Place of Business 1109 DEL PRADO STE 15 CAPE CORAL, FL 33990	Mailing Address 1109 DEL PRADO STE 15 CAPE CORAL, FL 33990
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03262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0726889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMANUS, JAMES B
1109 DEL PARADO BLVD.
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMANUS, JAMES B 1109 DEL PRADO BLVD. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PERKINS, GAIL 1831 VISCAYA PKWY. CAPE CORAL, FL 33990
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03/30/05-80045-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James B. McManus 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

James B. McManus