

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L98000002150

1. Entity Name  
KOECKRITZ ENTERPRISES, L.L.C.



**FILED  
Jan 24, 2007 08:00 AM  
Secretary of State**

Principal Place of Business  
12650 WESTLINKS DRIVE, STE. 8  
FT. MYERS, FL 33913

Mailing Address  
12650 WESTLINKS DRIVE, STE. 8  
FT. MYERS, FL 33913



01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0868780	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KOECKRITZ, GEORGE  
1731 UPLAND ROAD  
WEST PALM BEACH, FL 33409

**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

*[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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOECKRITZ ENTERPRISES, INC. 1731 UPLAND ROAD WEST PALM BEACH, FL 33409
--	--

U000000602096  
01/26/07-80076-U02 50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/07

561-656-4553

Date

Daytime Phone #