


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002236 1. Entity Name KRAMER CONSULTANTS, LLC	
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Principal Place of Business 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250	Mailing Address 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
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03262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2559864	Applied For 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 PATTERSON, BOND & LATSHAW, P.A. 3010 THIRD STREET JACKSONVILLE BEACH, FL 32250

**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, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating] DATE

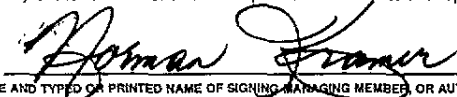
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAMER, NORMAN 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAMER, DOLORES 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
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04/09/05-80066-001 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:  **4/10/05** **904-249-6983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ORIGINAL