2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# M00000002236

Entity Name: KRAMER CONSULTANTS, LLC

Current Principal Place of Business:

3536 BAY ISLAND CIRCLE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

3536 BAY ISLAND CIRCLE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 75-2559864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KRAMER, NORMAN
Address: 3536 BAY ISLAND CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete
Name: KRAMER, DOLORES
Address: 3536 BAY ISLAND CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: NORMAN KRAMER,
Address: 3536 BAY ISLAND CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN KRAMER MGRM 04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date