


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000002236</b> 1. Entity Name <b>KRAMER CONSULTANTS, LLC</b>	
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Principal Place of Business <b>3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250</b>
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03312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>75-2559864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 *Norman Kramer* DATE 04/10/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORMAN KRAMER 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
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04/20/07-80099-008 50.00

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: *Norman Kramer* DATE 04/10/07 DAYTIME PHONE # 904-249-6983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**ORIGINAL**