


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90044 013 ***138.75

DOCUMENT # M05000001951	
1. Entity Name TECHNIKRAFT, LLC	

Principal Place of Business P. O. BOX 740 PONTE VEDRA BEACH, FL 32004	Mailing Address P. O. BOX 740 PONTE VEDRA BEACH, FL 32004
---	---

2. Principal Place of Business - No P.O. Box # 2838 KEMPER AVE.	3. Mailing Address BOX 149617
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32814	Country U.S.

06192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3703499	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 LEINS, L. ERIC 152 RETREAT PL PONTE VEDRA BEACH, FL 32004	7. Name and Address of New Registered Agent Name LEINS, L. ERIC Street Address (P.O. Box Number is Not Acceptable) LEINS, L. ERIC 2838 KEMPER AVE City ORLANDO FL Zip Code 32814
---	--

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 LEINS, L. ERIC DATE 6/20/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
--	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEINS, L. ERIC P.O. BOX 740 PONTE VEDRA BEACH, FL 32004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. LEINS, L. ERIC 2838 KEMPER AVE ORLANDO, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LEINS, L. ERIC Date 6/20/08 Daytime Phone # 407-222-5535

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