


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L01000019060<br>1. Entity Name<br>CRANE & FOUNDATION GROUP, LLC |  |
|--|---|

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|--|--|
| Principal Place of Business<br>8255 N.W. 58TH STREET<br>MIAMI, FL 33166-3493 | Mailing Address<br>8255 N.W. 58TH STREET<br>MIAMI, FL 33166-3493 |
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**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC CR2E083 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>65-1151059  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KELLY, NICHOLAS D  
 8255 N.W. 58TH STREET  
 MIAMI, FL 33166

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

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

1100000182132  
01/19/05-80016-001 55.00

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>KELLY TRACTOR CO.<br>8255 NW 58 STREET<br>MIAMI, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>JULIAN, K. DAVID<br>8255 NW 58 STREET<br>MIAMI, FL 33166  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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)(c), 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: *K. David Julian* **K. David Julian** 01-13-05 (305) 592-5360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #