## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000012344

Entity Name: CRIS, L.L.C.

Address:

City-St-Zip:

12029 56TH PLACE NORTH

ROYAL PALM BEACH, FL 33411

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2521 DONI LAKE WOF	NELLY DR. RTH, FL 33462	22517			
Current M	ailing Addres	s:	New Mailing Address:		
	H EAST COAS RTH, FL 33460				
FEI Number: 42-1590161		FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
511 SOUTI	LE, JOSEPH HEAST COAS RTH, FL 33460				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both	
SIGNATUR	RE:				
	Electroni	ic Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	P () CRISAFULLE, JU 2521 DONNELL' LANTANA, FL 3	Y DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () CRISAFULLE, M 26 WEST CYPR LAKE WORTH, I	ESS ROAD	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition CRISAFULLE, MICHAEL J 3501 VILLAGE BOULEVARD #102 WEST PALM BEACH, FL 33409	
Title: Name: Address: City-St-Zip:	CRISAFULLE, J 13529 57TH PLA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CRISAFULLE, R 2531 DONNELL' LANTANA, FL 3	Y DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	D () HOWELL, TAMN	Delete //Y	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH CRISAFULLE, SR PD 01/04/2006