

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110007

FILED
Mar 23, 2009
Secretary of State

Entity Name: CRAWFORD THOMAS LLC

Current Principal Place of Business:

725 PRIMERA BLVD
SUITE 200
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

725 PRIMERA BLVD
SUITE 200
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 26-1322991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDEN, BRIAN K
725 PRIMERA BLVD
SUITE 200
LAKE MARY, FL 32746 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: LINDEN, BRIAN K
Address: 3390 STERLING LAKE CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: STONEHOUSE, WILLIAM C III
Address: 147 SUNSET CIR S
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: BRUGUIERE, RUSSELL T
Address: 5024 CARNEGIE LANE APT 202
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BRUGUIERE, RUSSELL T
Address: 12999 MALLORY CIR APT 102
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN K LINDEN

MGRM

03/23/2009

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