


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 APR -2 AM 9: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

|                                |   |
|--------------------------------|---|
| <b>FILING FEE</b><br>\$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |
|--------------------------------|---|

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L94000000470**  
CONSOLIDATED RIGGING AND LIFTING PRODUCTS  
OF SOUTH FLORIDA, I.C.  
POST OFFICE BOX 3235  
JACKSONVILLE FL 32206

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address  
1512 S.W. THRID STREET  
POMPANO BEACH FL 33060

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                                |   |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation  |
| 09/19/1994                     | FL  |
| 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 65-0521102                     |   |
| 5. Date of Last Report         | 6. Certificate of Status Desired  |
| 02/22/1996                     | <input type="checkbox"/> \$8.75 Additional Fee Required                         |

7. Name and Address of Current Registered Agent  
RAULERSON, BOBBY L  
2039 E. 11TH STREET  
JACKSONVILLE FL 32206

8. Name and Address of New Registered Agent  
Name: *Raulerson, Bobby L.*  
Street Address (P.O. Box Number is Not Acceptable): *4700 N. PEARL ST*  
Suite, Apt. #, etc.: *200002134232-2*  
City: *Jacksonville* Zip Code: *FL 32206*

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR       | FUNK, ROBERT              | C/O 545 CENTRAL AVENUE     | JOHNSTOWN PA             |
| MGR       | WARD, LAWRENCE H JR.      | C/O 545 CENTRAL AVENUE     | JOHNSTOWN PA             |
| MGR       | RAULERSON, BOBBY L        | C/O 4700 N. PEARL ST.      | JACKSONVILLE FL          |
| MGR       | PRESLEY, DONALE           | C/O 4700 N. PEARL ST.      | JACKSONVILLE FL          |
| MEM       | R.R.R. WAREHOUSE & SER    | 2039 E. 11TH STREET        | JACKSONVILLE FL          |
| MEM       | WILLIAMSPORT WIREROPE     | C/O 1512 S.W. THRID STREET | POMPANO BEACH FL         |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *Bobby L. Raulerson*      3/31/97      904-765-7177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

*Bobby L. Raulerson*