

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001214

FILED
Feb 13, 2004
Secretary of State

Entity Name: CRAYMO INVESTMENT PROPERTIES

Current Principal Place of Business:

416 LIME STREET
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

416 LIME STREET
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0855009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINGBEIL AND ROBERTS, PA
341 VENICE AVENUE WEST
VENICE, FL 34285 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/MEMBERS:

Title: MGR () Delete
Name: PIETRZAK, JAMES R
Address: 5250 HUNTING HILLS DRIVE
City-St-Zip: ROANOKE, VA 24014

Title: MGR () Delete
Name: ROBERTS, CRAIG E
Address: 1221 TULLAMORE CIRCLE
City-St-Zip: CHESTER SPRINGS, PA 19425

Title: MGR () Delete
Name: D'ALUTO, RAY
Address: 416 LIME STREET
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES R PIETRZAK

MGR

02/13/2004

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