

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006441

Entity Name: CRAWFORD USA L.C.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131

Current Mailing Address:

1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131

New Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134

FEI Number: 52-2312187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRAMUNT, LUIS
1390 BRICKELL AVE., SUITE 200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

JORDAN, ARTURO
999 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134 US

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: ARTURO JORDAN

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: AGRAMUNT, LUIS
Address: 1390 BRICKELL AVE., SUITE 200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIGUEROA, ANA C
Address: 999 PONCE DE LEON BLVD., #715
City-St-Zip: CORAL GABLES, FL 33134

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: ANA C FIGUEROA

MGR

04/21/2005

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