2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L00000002956

Entity Name: A CRA-"Z"-A-FAIR, L.L.C.

Current Principal Place of Business:

100 LOBLOLLY LANE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

100 LOBLOLLY LANE
PENSACOLA, FL 32526

New Mailing Address:

7423 LILLIE LANE
PENSACOLA, FL 32526

FEI Number: 59-3634494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, LARRY W
817 ROMAR
PENSACOLA, FL 32534 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: P ( ) Delete
Name: THOMAS, TERRY L
Address: 1869 SOUTHBAY DRIVE
City-St-Zip: PENSACOLA, FL 325066061

Title: V ( ) Delete
Name: THOMAS, JOSEPH J
Address: 5756 NOWLING DRIVE
City-St-Zip: MILTON, FL 32583

Title: ST ( ) Delete
Name: THOMAS, LARRY W
Address: 817 ROMAR
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: THOMAS, TERRY L
Address: 7423 LILLIE LANE
City-St-Zip: PENSACOLA, FL 32526

Title: V (X) Change ( ) Addition
Name: THOMAS, JOSEPH J
Address: 9028 CHISHOLM ROAD
City-St-Zip: PENSACOLA, FL 32514

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

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: TERRY L. THOMAS TLT 04/24/2009

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