

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008351

Entity Name: CRAWLAW, LLC

FILED  
May 08, 2007  
Secretary of State

## Current Principal Place of Business:

3380 WOODS EDGE CIRCLE  
#303  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

3380 WOODS EDGE CIRCLE  
#303  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

3380 WOODS EDGE CIRCLE  
#103  
BONITA SPRINGS, FL 34134

## New Mailing Address:

3380 WOODS EDGE CIRCLE  
#103  
BONITA SPRINGS, FL 34134

FEI Number: 59-3660559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CRAWFORD, J S  
3380 WOODS EDGE CIRCLE  
#303  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

CRAWFORD, J S  
3380 WOODS EDGE CIRCLE  
#103  
BONITA SPRINGS, FL 34134 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: J. S. CRAWFORD

05/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CRAWFORD, J S  
Address: 3380 WOODS EDGE CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR ( ) Delete  
Name: CRAWFORD, LINDA O  
Address: 3380 WOODS EDGE CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES:

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 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: J. S. CRAWFORD

MGR

05/08/2007

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