


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90432 050 \*\*\*\*50.00

<b>DOCUMENT # L00000009569</b>	
1. Entity Name <b>CRESCI &amp; CARRIGER INVESTMENTS, LLC</b>	

Principal Place of Business <b>15120 PORTS OF IONA DRIVE, A104 C/O ANN CARRIGER FORT MYERS, FL 33908</b>	Mailing Address <b>15120 PORTS OF IONA DRIVE, A104 C/O ANN CARRIGER FORT MYERS, FL 33908</b>
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2. Principal Place of Business <b>15900 Bayside Point West Suite, Apt. #, etc. #1002 City &amp; State Fort Myers, FL Zip 33908 Country USA</b>	3. Mailing Address <b>15900 Bayside Point West, #1002 City &amp; State Fort Myers Florida Zip 33908 Country USA</b>
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03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1031181</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CARRIGER, ANN 15120 PORTS OF IONA DRIVE, A104 FORT MYERS, FL 33908</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRIGER, ANN <del>15120 PORTS OF IONA DRIVE, A104</del> FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15900 Bayside Point West, #1002</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRESCI, CHRIS P.O. BOX 1505 CASTLETOWN, VT 05735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

<b>SIGNATURE:</b> <i>Ann Carriger</i>	<b>3/20/05</b>	<b>239-481-0617</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		