


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90069 006 \*\*\*\*50.00

<b>DOCUMENT # L01000006441</b>	
1. Entity Name <b>CRAWFORD USA L.C.</b>	

Principal Place of Business <b>% LUIS AGRAMUNT 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131</b>	Mailing Address <b>% LUIS AGRAMUNT 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>1390 Brickell Ave.</b>	3. Mailing Address <b>1390 Brickell Ave.</b>
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Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
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City & State <b>Miami - Florida</b>	City & State <b>Miami - Florida</b>
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Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
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04202004 Chg-LLC CR2E083 (10/03)

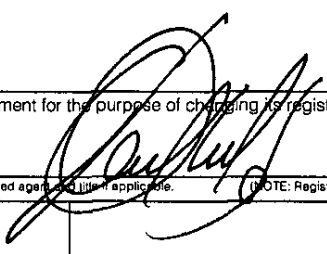
4. FEI Number <b>52-2312187</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>AGRAMUNT, LUIS 1221 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Luis Agramunt</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Ave., Suite 200</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33131</b>

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.

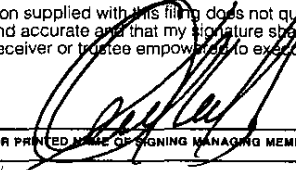
SIGNATURE 	DATE <b>04/26/2004</b>
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Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HILGART INVESTMENTS LTD.</b>	
STREET ADDRESS <b>% LUIS AGRAMUNT, 1221 BRICKELL AVE. S-1100</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	

10. ADDITIONS / CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Luis Agramunt, 1390 Brickell Ave. S-200</b>	
STREET ADDRESS <b>Miami, FL 33131</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	

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.

SIGNATURE: 	DATE <b>04/26/2004</b>	DAYTIME PHONE # <b>305-373.5802</b>
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