## . 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 29, 2007 08:00 AM **DOCUMENT # L01000007870 Secretary of State** 1. Entity Name CREWTEMPS, L.L.C. Principal Place of Business Mailing Address 200 RIDGE MANOR DRIVE 200 RIDGE MANOR DRIVE LAKE WALES, FL 33853 LAKE WALES, FL 33853 01272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>59-3</u>712969 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, PATRICIA A DO NOT WRITE 200 RIDGE MANOR DR. LAKE WALES, FL 33853 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 U00000683604 04/05/07-80050-020 :50,00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME SMITH, KENNETH STREET ADDRESS 200 RIDGE MANOR DR LAKE WALES, FL 33853 CITY-ST-7/P TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

R AUTHORIZED REPRESENTATIVE

FILED