2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000010259

1. Entity Name
CRENSHAW PARTNERS, LLC

Principal Place of Business	Mailing Address
1517 WINTERBERRY LANE DARIEN, IL 60561	1517 WINTERBERRY LANE DARIEN, IL 60561

DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
58-2632077	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLARD INVESTMENT REALTY, INC.
695 CENTRAL
SUITE #107
SAINT PETERSBURG, FL 33701

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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)   DATE

**Filing Fee is $50.00
Due by May 1, 2005**

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	ALLARD, ERIK	
STREET ADDRESS	695 CENTRAL AVE #107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	P	
NAME	SULKOWSKI, JAMES	
STREET ADDRESS	1517 WINTER BERRY	
CITY-ST-ZIP	DARIEN, IL 60561	
TITLE	P	
NAME	KEVIN & LINDA BROOKS	
STREET ADDRESS	12800 GLEN	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60194	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _James L. Sulkowski_   2/28/05   630 910 3363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #