

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:57

DOCUMENT # L01000010259

1. Entity Name  
CRENSHAW PARTNERS, LLC



Principal Place of Business  
1517 WINTERBERRY LANE  
DARIEN, IL 60561

Mailing Address  
1517 WINTERBERRY LANE  
DARIEN, IL 60561

**DO NOT WRITE IN THIS SPACE**

09102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
58-2632077

Applied For  
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

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 15, 2006**

**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

800080003018  
09/20/06--01052--021 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/10/06

Date

727-894-5002

Daytime Phone #