

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016697

1. Entity Name
CRI B&D, LLC



Principal Place of Business
110 EAST STREET, SUITE B
TAMPA, FL 33602

Mailing Address
C/O 6508 E. FOWLER AVE.
TAMPA, FL 33617



DO NOT WRITE IN THIS SPACE

02072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3749031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
% PIPER MARBURY RUDNICK & WOLFE LLP
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA, FL 33602

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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 May 1, 2005**

000000277488
03/26/05-80031-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALLACE, DONALD
6130 LAZY DAYS BOULEVARD
SEFFNER, FL 335842968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WACKSMAN, BENJAMIN
110 EAST STREET NORTH
TAMPA, FL 336024108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE:

Ben Wacksman

BEN WACKSMAN

3/23/05

(813) 985-1148

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

Date

Daytime Phone #