2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

・デルとじ SECRETARY OF STATE **DOCUMENT # L01000017838** DIVISION OF CORPORATIONS 1. Entity Name **CRO**LLC 05 MAR 30 AM II: 08 Mailino Address Principal Place of Business 3801 MANATEE AVE. W. 522 56TH STREET BRADENTON, FL 34205 HOLMES BEACH, FL 34217 CR2E083 (10/03) 03092004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1149264 Not Applicable \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent CROWE, DEBRA SUE DO NOT WRITE 522 56TH STREET HOLMES BEACH, FL 34217 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 rei Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE CROWE, ROBERT D NAME STREET ADDRESS 522 56TH STREET HOLMES BEACH, FL 34217 CITY-ST-7IP 30005004418 TITLE 04706705--01069-+001₅;;******50:00 NAME CROWE, DEBRA S STREET ADDRESS 522 56TH STREET CITY-ST-ZIP HOLMES BEACH, FL 34217 TITLE NAME_ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME* STREET ADDRESS

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 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 yor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

B-24-05

Daytime Phone 4