

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000022241**

1. Entity Name  
**CRS HOLDINGS, LLC**



Principal Place of Business  
**31087 CORTEZ BLVD.  
BROOKSVILLE, FL 34602**

Mailing Address  
**31087 CORTEZ BLVD.  
BROOKSVILLE, FL 34602**



01212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0021632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SPECIALE, ROBERT  
31087 CORTEZ BLVD.  
BROOKSVILLE, FL 34602**

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPECIALE, ROBERT 31087 CORTEZ BLVD. BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, CECIL T 31087 CORTEZ BLVD. BROOKSVILLE, FL 34602
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UD00000234984  
02/18/05-80042-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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 608, Florida Statutes.

**SIGNATURE**

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

Date

Daytime Phone #

*Robert Speciale* **ROBERT SPECIALE** 21405 3527992668