


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90077 037 ****55.00

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		
2. Principal Place of Business - No P.O. Box # 6375 WINDMERE RD Suite, Apt. #, etc.		3. Mailing Address 6375 WINDMERE RD Suite, Apt. #, etc.			
City & State BROOKSVILLE FL Zip 34602		City & State BROOKSVILLE FL Zip 34602		4. FEI Number 80-0021632 Applied For <input type="checkbox"/> Not Applicable	
Country HERN		Country HERN		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECIALE, ROBERT 31087 CORTEZ BLVD. BROOKSVILLE, FL 34602				7. Name and Address of New Registered Agent Name ROBERT SPECIALE Street Address (P.O. Box Number is Not Acceptable) 6375 WINDMERE RD City BROOKSVILLE FL Zip Code 34602	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPECIALE, ROBERT 31087 CORTEZ BLVD. BROOKSVILLE, FL 34602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPECIALE, ROBERT 6375 WINDMERE RD BROOKSVILLE FL 34602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, CECIL T 31087 CORTEZ BLVD. BROOKSVILLE, FL 34602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON CECIL T 6375 WINDMERE RD BROOKSVILLE FL 34602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert Speciale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				1/15/2007 352-792668 Date Daytime Phone #	