

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90049 042 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000001738	
1. Entity Name CROOKED FINGER, LLC	



Principal Place of Business P.O. BOX 607034 ORLANDO, FL 32860	Mailing Address P.O. BOX 607034 ORLANDO, FL 32860
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20040459



2. Principal Place of Business 11288 Ventura Blvd.		3. Mailing Address 11288 Ventura Blvd.	
Suite, Apt. #, etc. # 125		Suite, Apt. #, etc. # 125	
City & State Studio City, CA		City & State Studio City, CA	
Zip 91604	Country	Zip 91604	Country

02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3590859	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWUZ, DAVE 9719 PINE VISTA COURT ORLANDO, FL 32819	
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7. Name and Address of New Registered Agent Name Lawrence H. Haber Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Ave. Suite # 1400 City Orlando FL Zip Code 32801	
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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] DATE 4/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWUZ, DAVE PO BOX 607034 ORLANDO, FL 32860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRERA, MARK 1224 S HIAWASSEE RD # 635 ORLANDO, FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EISINGER, JERRY 2343 S KIRKMAN RD # 358 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEANE, JEFFREY 1035 OAKDALE ST WINDERMERE, FL 34786 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Dave Swuz 11288 Ventura Blvd. #125 Studio City, CA 91604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Jerry Eisinger 8301 Red Leaf Way #1434 Knoxville, TN 37923 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] DATE 4/14/05 DAYTIME PHONE # 355-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dave Swuz