## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000001738

Entity Name: CROOKED FINGER, LLC

Address:

City-St-Zip:

1035 OAKDALE ST

WINDERMERE, FL 34786

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	-		•	
UNIT Q	RDUGO AVEI	NUE		
	K, CA 91501	US		
Current Mailing Address:			New Mailing Address:	
557 E. VEI UNIT Q	RDUGO AVEI	NUE		
	K, CA 91501	US		
FEI Number	: 04-3590859	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
20 NORTH STE #1400	AWRENCE H H ORANGE A' 0 D, FL 32801	VΕ		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ac	gent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SWUZ, DAVE	JGO AVE., UNIT Q	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FERRERA, M	ASSEE RD # 635	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR ( EISINGER, JE 121 GAYLE R KNOXVILLE, <sup>-</sup>	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR ( DEANE, JEFF	) Delete REY MGR	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: DAVE SWUZ MGR 01/12/2008