2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004626

1. Entity Name

ROYAL CRANE, LLC

Principal Place of Business
1360 NW 33RD ST.
POMPANO BEACH FL 33064

Mailing Address
1360 NW 33RD STREET
POMPANO BEACHE FL 33064

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 03-0406601 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON. JIM MGRM
1360 NW 33RD STREET
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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's signature required when consenting) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	ROBERTSON, JIM	
STREET ADDRESS	1360 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	MGRM	☐ Delete
NAME	RETTERATH, JASON	
STREET ADDRESS	1360 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	MGRM	☐ Delete
NAME	RETTERATH, STEVE	
STREET ADDRESS	1360 NW 33RD ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME	U00000943693	
STREET ADDRESS	05/29/08-80070-014 138.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James L Robertson 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #