

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011287

1. Entity Name

TRUE NORTH CREW SERVICES, LLC



Principal Place of Business

399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

Mailing Address

399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



03252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

33-1004182

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

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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, 2004**

U00000103916

04/05/04-80076-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SCHMIDT COMPANIES, INC.
399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SCHMIDT, RICHARD L
399 NW BOCA RATON BLVD.
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
OFFRINGA, DURK
399 NW BOCA RATON BLVD.
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(i), 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 #

3-31-04 (561)392-4717