

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015108

Entity Name: CRT, LLC

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

4440 LAFAYETTE ST
SUITE G
MARIANNA, FL 32446

New Principal Place of Business:

4433 JACKSON STREET
MARIANNA, FL 32448

Current Mailing Address:

4440 LAFAYETTE ST
SUITE G
MARIANNA, FL 32446

New Mailing Address:

4433 JACKSON STREET
MARIANNA, FL 32448

FEI Number: 03-0464066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELO, BARRY & BANTA, P.A.
SUNTRUST CENTER
515 EAST OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WARD, JAMES B
Address: 9433 JACKSON STREET
City-St-Zip: MARIANNA, FL 32447

Title: MGRM () Delete
Name: DYKES, DWIGHT
Address: 4779 POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARD, JAMES B
Address: 4433 JACKSON STREET
City-St-Zip: MARIANNA, FL 32448

Title: MGRM (X) Change () Addition
Name: DYKES, DWIGHT
Address: 4433 JACKSON STREET
City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DWIGHT DYKES

MGRM

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date