2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Sep 14, 2004 8:00 am Secretary of State DOCUMENT # L02000020401 1. Entity Name 09-14-2004 90067 040 ****55.00 CRANE PACIFIC, LLC Principal Place of Business' Mailing Address 717 FAIR OAKS LANE 717 FAIR OAKS LANE JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 3. Mailing Address 2. Principal Place of Business CR2E083 (4/04) Applied For City & State City & State 4. FEI Number 14-1860636 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAUL B. CHRISTENSEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 3749 SOUTHERN HILLS DRIVE JACKSONVILLE FL 32225 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Change Addition MGR TITLE KORABEK, CAREN D. DR. 16118 PINCE TERRACE DR. KORABEK, CHARLES J NAME NAME 717 FAIR OAKS LANE 16118 PINCE TEKRACE DE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 BALLWIN, MO 63021 CITY-ST-ZIP BALLWID MO CITY-ST-ZIP Change ■ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

FILED