

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90168 002 ****50.00

DOCUMENT # L02000025870

1. Entity Name
WILLIS CRAWFORD L.L.C.



Principal Place of Business
**46 GOLFVIEW COURT
HOMOSASSA, FL 34446**

Mailing Address
**46 GOLFVIEW COURT
HOMOSASSA, FL 34446**

14023915



06092004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
51-0436707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERTOCH, CARL A
7655 WEST GULF TO LAKE HWY., STE. 13
CRYSTAL RIVER, FL FL**

**DO NOT WRITE
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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WILLIS, WILLIAM E 46 GOLFVIEW COURT 12 Anton Ct. Villas by Anton HOMOSASSA, FL 34446 |
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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: William E. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William E. Willis 6/19/04