


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 10 AM 10:21

DOCUMENT # L02000025945 1. Entity Name CRUS, LLC.					
Principal Place of Business 3458 NW FEDERAL HWY JENSEN BEACH, FL 34957 US			Mailing Address 13757 79TH COURT WEST PALM BEACH, FL 33412		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SASLAFSKY, GUSTAVO 20178 PALM ISLAND DR BOCA RATON, FL 33498				Name <u>RUSSELL L. EICHENGREEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>13757 79TH COURT N.</u> City <u>WEST PALM BEACH</u> FL <u>33412</u>	
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 <u>Russell L. Eichengreen</u> <u>RUSSELL L. EICHENGREEN</u> <u>6/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EICHENGREEN, RUSSELL L <input type="checkbox"/> Delete 13757 79TH COURT WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061733278 11/29/05--30004--003 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASLAFSKY, GUSTAVO <input checked="" type="checkbox"/> Delete 20178 PALM ISLAND DRIVE BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>EICHENGREEN, CHRISTINA</u> <u>13757 79TH CT. N</u> <u>WEST PALM BEACH, FL 33412</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061801815 11/30/05--01057--003 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Russell L. Eichengreen</u> <u>RUSSELL L. EICHENGREEN</u> <u>6/13/05</u> <u>5613154257</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		