

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025945

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: CRUS, LLC.

**Current Principal Place of Business:**

3458 NW FEDERAL HWY  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

13757 79TH COURT  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 05-0534284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EICHENGREEN, RUSSELL L  
13757 79TH COURT N.  
WEST PALM BEACH, FL 33412 US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EICHENGREEN, RUSSELL L  
Address: 13757 79TH COURT N.  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR ( ) Delete  
Name: EICHENGREEN, CHRISTINA J  
Address: 13757 79TH CT N  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RUSSELL L EICHENGREEN

MGRM

07/07/2008

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