2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: CRAIG HANGER CONGLOMERATE, L.L.C.

Current Principal Place of Business:

8230 BATEAU ROAD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8230 BATEAU ROAD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 05-0551793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARTORIUS, ARTHUR G III,ESQ
1845 ORANGE PICKER ROAD
JACKSONVILLE, FL 32223 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DURKEE, KENDALL G	
Address:	8230 BATEAU ROAD SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	MGRM	( ) Delete
Name:	THOMPSON, FRED	
Address:	108 EAST 27TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	MGRM	( ) Delete
Name:	WEANER, JOEL	
Address:	855-5 ST. JOHNS BLUFF ROAD	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: KENDALL G. DURKEE MR. 01/03/2007

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