

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028891

1. Entity Name
CRABTREE & ROBERTS, LLC



Principal Place of Business
**2012 WALNUT STREET
JACKSONVILLE, FL 32206**

Mailing Address
**2012 WALNUT STREET
JACKSONVILLE, FL 32206**



02082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1869924

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROMANELLO, DUANE C
1919 BLANDING BLVD
SUITE # 8
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

B. 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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, CLARENCE C
2012 WALNUT ST.
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, MARK
2012 WALNUT ST.
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CRABTREE, WILLIAM E
6756 RAMOTH DR.
JACKSONVILLE, FL 32226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CRABTREE, WILLIAM T
6756 RAMOTH DR.
JACKSONVILLE, FL 32226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000433603
02/24/06-80024-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

2.8.06

Date

904 3553715

Daytime Phone #