
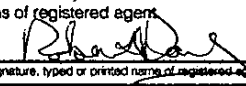
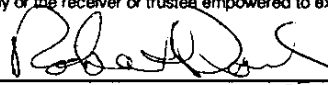


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000004387</b> 1. Entity Name <b>CR SERVICES, LLC</b>						SEC. OF STATE DIVISION OF CORPORATE FILINGS 05 DEC 21 AM 10:55	
Principal Place of Business 810 ARIES RD. W. JACKSONVILLE, FL 32216				Mailing Address 810 ARIES RD. W. JACKSONVILLE, FL 32216			
2. Principal Place of Business <del>P.O. BOX 12706</del> 12706 E SHARK RD Suite, Apt. #, etc. <b>JACKSONVILLE FL</b> City & State		3. Mailing Address P.O. BOX 77382 Suite, Apt. #, etc. <b>JACKSONVILLE, FL</b> City & State 32218 Zip <b>32226</b> Country <b>FL</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED</b> <b>1203 GOVERNORS SQUARE BLVD</b> <b>SUITE 101</b> <b>TALLAHASSEE, FL 32301-2960</b>				7. Name and Address of New Registered Agent Name <b>Robert Day</b> Street Address (P.O. Box Number is Not Acceptable) <b>12706 E. SHARK RD.</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32226</b>			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, CHRISTOPHER 810 ARIES RD. W. JACKSONVILLE, FL 32216			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Day 12706 E SHARK RD JACKSONVILLE, FL 32226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300064016883</b> <b>01/19/06--01006--026 **55.00</b>		
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 <b>REINSTATEMENT 2005</b>		
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: 				12/16/05		(904) 645 4032	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							