


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000012344  
 1. Entity Name  
 CRIS, L.L.C.



Principal Place of Business      Mailing Address  
 2521 DONNELLY DR.                      511 SOUTH EAST COAST STREET  
 LAKE WORTH, FL 33462-2517          LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 42-1590161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRISAFULLE, JOSEPH  
 511 SOUTH EAST COAST STREET  
 LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00  
 Due by May 1, 2005**

1100000245603  
 02/28/05-80032-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISAFULLE, JOSEPH SR. 2521 DONNELLY DR. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISAFULLE, MICHAEL J 26 WEST CYPRESS ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRISAFULLE, JOSEPH A JR 13529 57TH PLACE NORTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISAFULLE, RICHARD D 2531 DONNELLY DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, TAMMY 12029 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       3-01-04      561-547-5761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #