


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000012344 1. Entity Name CRIS, L.L.C.	
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Principal Place of Business 2521 DONNELLY DR. LAKE WORTH, FL 33462-2517	Mailing Address 511 SOUTH EAST COAST STREET LAKE WORTH, FL 33460
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01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1590161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

U00000789759
 01/23/08-80006-006 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CRISAFULLE, JOSEPH SR.
STREET ADDRESS	2521 DONNELLY DR.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	V
NAME	CRISAFULLE, MICHAEL J
STREET ADDRESS	2421 VILLAGE BOULEVARD #201
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	T
NAME	CRISAFULLE, JOSEPH A JR
STREET ADDRESS	13529 57TH PLACE NORTH
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S
NAME	CRISAFULLE, RICHARD D
STREET ADDRESS	2531 DONNELLY DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	HOWELL, TAMMY
STREET ADDRESS	12029 56TH PLACE NORTH
CITY-ST-ZIP	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 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: Joseph Crisafulle, Sr. 1/14/08 561-547-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #