


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 |
|---|--|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

| | |
|--|---------------------------------------|
| 4. FEI Number 42-1590161 | Applied For 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

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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 | |

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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. 1/14/08 564-547-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #