2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000014511

1. Entity Name

CRITTENDEN SOKOLOFF INVESTMENTS, LLC



FILED Feb 13, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1000 45TH STREET, BLDG. #1 WEST PALM BEACH, FL 33407 1000 45TH STREET, BLDG. #1 WEST PALM BEACH, FL 33407



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
14-1881640	Not Applicable	le
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

CRITTENDEN, FRANK 1000 45TH STREET, BLDG. #1 WEST PALM BEACH, FL 33407 DO NOT WRITE IN THIS SPACE

	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATL	JRE	(NOTE: Registered Agent signature required when reinstating)	DATE
	FILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

CRITTENDEN, FRANK NAME STREET ADDRESS 1000 45TH STREET, BLDG. #1 CITY-ST-ZIP WEST PALM BEACH, FL 33407 MGRM TITLE SOKOLOFF, DANIEL O NAME 1000 45TH STREET, BLDG. #1 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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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 60B, Florida Statutes.

SIGN	ATU	RE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JRE: The withwar

02/07/2008

Daytime Phone #