


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023392 <small>1. Entity Name</small> CR PROPERTIES, LLC	
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<small>Principal Place of Business</small> 5903 S.W. WOODHAM ST. PALM CITY FL 34990	<small>Mailing Address</small> P.O. BOX 1033 PALM CITY FL 34991
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E083 (10/05)

<small>4. FEI Number</small> 87-0709996	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 <small>Additional Fee Required</small>	
<small>6. Name and Address of Current Registered Agent</small>	<small>7. Name and Address of New Registered Agent</small>
REDDISH, CINDY 5903 S.W. WOODHAM ST. PALM CITY FL 34990	<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>

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 agree to the obligations of registered agent.

SIGNATURE Cindy Reddish Cindy Reddish 4/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGR REDDISH, CINDY 5903 SW WOODHAM ST. PALM CITY FL 34990	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small> <input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small> 1100000505946 04/27/06-80003-013 50.00
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cindy Reddish Cindy Reddish 4/10/06 712-486-0054