

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028912

1. Entity Name
CRM INVESTMENTS, L.L.C.



Principal Place of Business

725 SE OSCEOLA ST
SUITE 1
STUART, FL 34994

Mailing Address

725 SE OSCEOLA ST
SUITE 1
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0134043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDWID, RITA M
725 SE OSCEOLA STREET STE 1
STUART, FL 34994

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000516340
04/29/06-80245-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEDWID, RITA M
STREET ADDRESS	725 SE OSCEOLA ST STE 1
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	MEDWID, CLAIRE
STREET ADDRESS	725 SE OSCEOLA ST., SUITE 1
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

Rita Medwid MGR Rita Medwid MGR 3-31-06 1-772-287-23