### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L03000032600

1.º Entity Name
CROWE FAMILY, LLC



Principal Place of Business

522 56TH ST. HOLMES BEACH, FL 34217 Mailing Address

522 56TH ST.

HOLMES BEACH, FL 34217

### FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90045 020 \*\*\*\*50.00

~UUZU707



03182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0187858 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWE, ROBERT D 522 56TH ST. HOLMES BEACH, FL 34217

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	unging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
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		

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

9.	MANAGING MEMBERS/MANAGERS .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWE, ROBERT D 522 56TH ST. HOLMES BEACH, FL 34217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWE, DEBRA S 522 56TH ST. HOLMES BEACH, FL 34217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

32304

94, 778