## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT FILED DOCUMENT # L03000037412** Jan 24, 2007 08:00 AM CROSBY PROPERTIES, LLC **Secretary of State** Principal Place of Business Mailing Address 7337 A1A SOUTH 7337 A1A SOUTH SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 01202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2219002 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PELLICER, CHARLES E DO NOT WRITE 28 CORDOVA STREET ST. AUGUSTINE, FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 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, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM CROSBY, DEREK NAME U00000000591571 STREET ADDRESS 7337 A1A SOUTH 01/26/07-80016-006 50.00 SAINT AUGUSTINE, FL 32080 C077-51-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THILE IN THIS SPACE NAME STREET ADDRESS City - St - ZiP TITLE STREET ADDRESS CITY-ST-ZIP MLE MAME STREET ADDRESS CITY - ST- ZIP 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.