
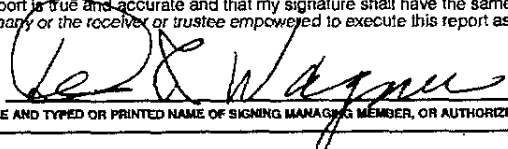


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000039589		
1. Entity Name CRANE'S NEST ONE, L.L.C.		
Principal Place of Business 1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460 US	Mailing Address 1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WAGNER, DORIS R 1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		03152005 No Chg-LLC CR2E083 (10/03) 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required Applied For Not Applicable
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, DORIS R 1326 N. DIXIE HIGHWAY LAKE WORTH, FL 33460	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-15-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



03152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

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