

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041110

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** CRLSPC, LLC

**Current Principal Place of Business:**

360 SO. LAKEVIEW DR.  
SU. #1  
LAKE HELEN, FL 32744 US

**New Principal Place of Business:**

**Current Mailing Address:**

360 SO. LAKEVIEW DR.  
SU. #1  
LAKE HELEN, FL 32744 US

**New Mailing Address:**

**FEI Number:** 86-1086671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLAHAN, SUSAN P  
360 SO. LAKEVIEW DR.  
SU. #1  
LAKE HELEN, FL 32744 US

**Name and Address of New Registered Agent:**

LOCKLIN, CHARLES R  
360 SO. LAKEVIEW DR.  
SU. #1  
LAKE HELEN, FL 32744 US

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.

SIGNATURE: CHARLES R. LOCKLIN      04/22/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: LOCKLIN, CHARLES R  
Address: 360 SO. LAKEVIEW DR.  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES R. LOCKLIN      MGRM      04/22/2005  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date