


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044117 1. Entity Name CRAYTON COVE LLC	
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Principal Place of Business 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777	Mailing Address 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102-6777
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0112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0843051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ABLE ADVISORY INC. 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777	DO NOT WRITE IN THIS SPACE
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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, 2007**

U000000610552
02/02/07-80023-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AOMAC LIMITED BISON COURT ROAD TOWN, TORTOLA, B.V.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-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 the report required by Chapter 689, Florida Statutes.

SIGNATURE:

Anthony R. Bie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, AUTHORIZED REPRESENTATIVE

1-23-07 239-430-4310

Date

Daytime Phone #