


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044119

1. Entity Name
CRAWFORD COMPANY LLC



Principal Place of Business Mailing Address

700 ELEVENTH STREET SOUTH 700 ELEVENTH STREET SOUTH
 PH2 PH2
 NAPLES, FL 34102-6777 NAPLES, FL 34102-6777

DO NOT WRITE IN THIS SPACE



04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2223255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLINGTON SHIELD SERVICES LIMITED INC.
 700 ELEVENTH STREET SOUTH
 PH2
 NAPLES, FL 34102-6777

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

U00000346869
 04/30/05-80093-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, MARTIN J.S. 700 ELEVENTH STREET SOUTH NAPLES, FL 341026777
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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: *[Signature]* Date: **4.26.05** Daytime Phone #: **239.430.4306**

SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE