


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90020 004 ****50.00

DOCUMENT # L03000044119 1. Entity Name CRAWFORD COMPANY LLC	
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Principal Place of Business 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777	Mailing Address 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777
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04182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____
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, 2006**

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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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate to the best of my knowledge and belief, and 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 605, Florida Statutes.

SIGNATURE: *Thomas R. A. Tyrkett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date: 4-20-06 Daytime Phone #: 239-430-4306