
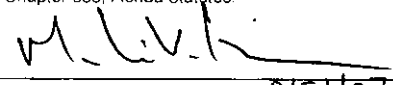


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000044119 1. Entity Name CRAWFORD COMPANY LLC		
Principal Place of Business 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777		Mailing Address 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777
2. Principal Place of Business - No P.O. Box # 11 HOPE STREET Suite, Apt. #, etc. DOUGLAS City & State ISLE OF MAN		3. Mailing Address 11 HOPE STREET Suite, Apt. #, etc. DOUGLAS City & State ISLE OF MAN
Zip IM1 1AQ	Country BRITISH ISLES	4. FEI Number 35-2223255
5. Certificate of Status Desired <input type="checkbox"/>	Chg-LLC	CR2E083 (12/06)
6. Name and Address of Current Registered Agent WELLINGTON SHIELD INCORPORATED 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, MARTIN J.S. 700 ELEVENTH STREET SOUTH NAPLES, FL 341026777	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: MARTIN JS KATZ, MANAGGR 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 29/Feb/07 Daytime Phone #

60021530



02282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 35-2223255 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, MARTIN J.S. 700 ELEVENTH STREET SOUTH NAPLES, FL 341026777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: **MARTIN JS KATZ, MANAGGR** 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **29/Feb/07** Daytime Phone #