2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000044439

1. Entity Name

CRANEWOODS DEVELOPMENT, LLC



FILED
Mar 30, 2007 08:00 AM
Secretary of State

Principal Place of Business

328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

Mailing Address

328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250



01252007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|--------|----------------|
| 42-1647098 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQ 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207

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| the obligations of registered agent. | | | | | |
|--|---|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and little if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | | |
| FI D | ling Fee is \$50.00 ue by May 1, 2007 | | | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGRM HOWE, ANDREW M 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000683787 04/06/07-80006-012 50.00 | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | IN 7 | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | |

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

11. I hereby certify that the information supplied with this filling 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 empawered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/07

7042700270

Daytime Phone if