

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048021

Entity Name: C.R.I.B., LLC

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

821 DEL RIO WAY
304
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

821 DEL RIO WAY
304
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

317 RIVEREDGE BLVD.
104
COCOA, FL 32922 US

New Mailing Address:

317 RIVEREDGE BLVD.
104
COCOA, FL 32922 US

FEI Number: 56-2426368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, AMY L
821 DEL RIO WAY
304
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

LONG, AMY L
93 DELANNOY AVE
903
COCOA, FL 32922 US

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.

SIGNATURE: AMY L. LONG

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEBRON, EDDIE J
Address: 2409 WILLOWBROOK RD.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGR () Delete
Name: LONG, AMY L
Address: 821 DEL RIO WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LONG, AMY L
Address: 93 DELANNOY AVE #903
City-St-Zip: COCOA, FL 32922 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDDIE J. LEBRON

MGRM

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date