



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90190 025 \*\*\*\*50.00

<b>DOCUMENT # L03000048859</b> 1. Entity Name <b>CR MONEY SOURCES, LLC</b>					
Principal Place of Business <b>5020 FLAGSTONE DR SARASOTA, FL 34238</b>			Mailing Address <b>5020 FLAGSTONE DR SARASOTA, FL 34238</b>		
2. Principal Place of Business <b>5323 Kelly Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>5323 Kelly Drive</b> Suite, Apt. #, etc.			
City & State <b>Sarasota</b>		City & State <b>Sarasota</b>		4. FEI Number <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
Zip <b>FL</b>	Country <b>Sarasota</b>	Zip <b>34233</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARQUETTE, ROBERT G</b> <b>5020 FLAGSTONE DR</b> <b>SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5323 Kelly Drive</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34233</b>	
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 <u><i>Robert G. Marquette</i></u> <span style="float: right;">DATE <b>2/4/04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARQUETTE, ROBERT G <input type="checkbox"/> Delete 5020 FLAGSTONE DR. SARASOTA, FL 34238			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Marquette, Robert G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5323 Kelly Drive Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAWFORD, SHERRY E <input type="checkbox"/> Delete 5020 FLAGSTONE DR. SARASOTA, FL 34238			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Crawford, Sherry E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5323 Kelly Drive Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Robert G. Marquette</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/4/04</b> <small>Daytime Phone #</small>	