
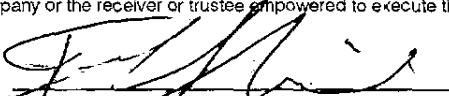


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050568 1. Entity Name FRANK J. CRINCOLI LTD. CO.					
Principal Place of Business 1503 SW 19TH STREET BOCA RATON FL 33486			Mailing Address 1503 SW 19TH STREET BOCA RATON FL 33486		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2296746		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CRINCOLI, FRANK J 1503 SW 19H STREET BOCA RATON FL 33486			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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRINCOLI, FRANCES R 1503 SW 19TH STREET BOCA RATON FL 33486		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000279899 03/29/05-80017-019 50.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CRINCOLI, FRANK J 1503 SW 19TH STREET BOCA RATON FL 33486		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000279899 03/29/05-80017-019 50.00	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			3/25/05 561 344-0909		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					