


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 046 ****50.00

DOCUMENT # L03000052800	
1. Entity Name CRICKET CRONIES, LLC	

Principal Place of Business 8 CREEKVIEW WAY ORMOND BEACH, FL 32174	Mailing Address 8 CREEKVIEW WAY ORMOND BEACH, FL 32174
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40088555



2. Principal Place of Business 94 N. St. Andrews Dr. Suite, Apt. #, etc.	3. Mailing Address 94 N. St. Andrews Dr. Suite, Apt. #, etc.
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04262006 Chg-LLC CR2E083 (11/05)

City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32174	Country Volusia
Zip 32174	Country Volusia

4. FEI Number 20-0479196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OLIVARI, MICHAEL P 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491	

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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIBERT, STEPHEN 1189 NORTH HALIFAX DRIVE DAYTONA BEACH, FL 32118 <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	MGRM GREENLEES, MARY 94 NORTH ST. ANDREWS DRIVE ORMOND BEACH, FL 32174 <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	MGRM OLIVARI, WILLIAM L 8 CREEKVIEW WAY ORMOND BEACH, FL 32174 <input checked="" 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 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: 	4/25/06 386-672-0775
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>