2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED HAVE OF SIGNING MANAGING MEMBER, OR APTHORIZED REPRESENTATIVE

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # L04000006796 1. Entity Name C.R.C., L.L.C. Mailing Address Principal Place of Business 15096 SW 19TH CT. 15096 SW 19TH CT. MIRAMAR, FL 33027 MIRAMAR FL 33027 CRZE083 (11/05) 03212006 No Chg-LLC Applied For & FELMimber 37-1484155 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent FOSTER, MARTA M 15096 SW 19TH CT. MIRAMAR, FL 33027 The second section of the second section of the second section of the second section s 3. 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. Signature, typed or printed runns of registered agent and 1% if applicable. MOTE Registered Areat signature territised when repetative) CATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR SIBE NUME CARICIA, INC. STREET ADDRESS 15096 SW 19TH CT. CITY-ST 25° MIRAMAR, FL 33027 nne 800000494554 04/20/06-80049-019 150.00 RAME STREET ADDRESS CITY-ST-ZIP me HAME STREET ADDRESS CITY -ST-782 TITLE. HAME STREET ADDIVESS CITY-ST-ZE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes. 4-3-06

FILED

DATE: A PAYA !