2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90051 039 ****50.00

DOCUMENT # L04000008250

1. Entity Name
CRASNIPER, LLC

Principal Place of Business	Mailing Address
1106 CAMELOT CIRCLE NAPLES, FL 34119	1106 CAMELOT CIRCLE NAPLES, FL 34119

2. Principal Place of Business	3. Mailing Address
c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 Naples, FL 34103	c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 Naples, FL 34103
Zip / Country	Zip / Country

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASSNER, CURTIS B 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34105	Name: Cassner, Curtis B Street: Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 City: Naples, FL 34103 FL Zip Code

8. The above named en[...] 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 reg[...]

SIGNATURE Curtis B. Cassner, Attorney 10 January 2006
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CASSNER, CURTIS B 1106 CAMELOT CIRCLE NAPLES, FL 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Same Title Same Name c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 Naples, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Curtis B. Cassner 10 January 2006 239 261 3453
SIGNATURE / MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #