

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000009888

1. Entity Name
CROLE, LLC



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90038 008 ****50.00

14002293



02152005 Chg-LLC CR2E083 (10/03)

4. FEL Number 55-0858334	Applied For <input type="checkbox"/>
	Not Applicable

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

WEBBER, CAROLE
1845 NEW HAMPSHIRE AVENUE NE
ST. PETERSBURG, FL 33703

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR Delete
NAME WEBBER, CAROLE
STREET ADDRESS 1845 NEW HAMPSHIRE AVENUE NE
CITY-ST-ZIP ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME

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Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

Change 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:

Not Member CAROLE M WEBBER 4-20-05 727-522-0160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #