2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L04000009888 1. Entity Name CROLE, LLC Principal Place of Business Mailing Address 1845 NEW HAMPSHIRE AVENUE NE 1845 NEW HAMPSHIRE AVENUE NE ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 01262006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0858334 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBBER, CAROLE DO NOT WRITE 1845 NEW HAMPSHIRE AVENUE NE ST. PETERSBURG, FL 33703 IN THIS SPACE 5. 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 SIGNATURE Signature typed or printed name of registered agent and sife it unpricable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. DD F MGR WEBBER, CAROLE NAME 1845 NEW HAMPSHIRE AVENUE NE STREET ADDRESS ST. PETERSBURG, FL 33703 CITY-ST-ZIP TITLE U00000547241 05/12/06-80016-011 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WELL WAS THED OR PRINTED NAME OF SIGNING MANADING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS

4/24/06 127527-0160

FILED