

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90091 001 \*\*\*\*50.00  
05-01-2006 90091 002 \*\*\*\*50.00



**DOCUMENT # L04000024324**  
1. Entity Name  
**CRES COMMERCIAL SOLUTIONS, LLC**

Principal Place of Business <b>4532 U.S. HIGHWAY 19, SECOND FLOOR NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>4532 U.S. HIGHWAY 19, SECOND FLOOR NEW PORT RICHEY, FL 34652</b>
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2. Principal Place of Business <b>7916 Evolutions Way</b>	3. Mailing Address <b>7916 Evolutions Way</b>
Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc. <b>Suite 106</b>

City & State <b>Trinity, Florida</b>	City & State <b>Trinity, Florida</b>
Zip <b>34655</b>	Country <b>Pasco</b>
Zip <b>34655</b>	Country <b>Pasco</b>

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CRUMBLEY, ALLEN S 4532 U.S. HIGHWAY 19, SECOND FLOOR NEW PORT RICHEY, FL 34652</b>	7. Name and Address of New Registered Agent Name <b>allen S. Crumbley</b> Street Address (P.O. Box Number is Not Acceptable) <b>7916 Evolutions Way</b> <b>Suite 106</b> City <b>Trinity</b> <b>FL</b> Zip Code <b>34655</b>
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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 *Allen S. Crumbley* **Allen S. Crumbley 4-27-06**  
Signature, typed or printed name of registered agent and title if applicable. (Typed) 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAMES	NAME	
STREET ADDRESS	5508 PILOTS PLACE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMBLEY, ALLEN S	NAME	
STREET ADDRESS	10811 PANICIUM CT	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, D. DEWEY	NAME	
STREET ADDRESS	8600 ST ROAD 54	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Allen S. Crumbley* **Allen S. Crumbley 4-27-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 7-17-06

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**ATTACHMENT**

30006495



04212006 Chg-LLC CR2E083 (11/05)

4. FEJ Number 20-0956952 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DOCUMENT # L04000024324**  
 1. Entity Name  
 CRES COMMERCIAL SOLUTIONS, LLC



Principal Place of Business  
 4532 U.S. HIGHWAY 19, SECOND FLOOR  
 NEW PORT RICHEY, FL 34652

Mailing Address  
 4532 U.S. HIGHWAY 19, SECOND FLOOR  
 NEW PORT RICHEY, FL 34652

2. Principal Place of Business  
7916 Evolutions Way  
 Suite, Apt. #, etc.  
Suite 106  
 City & State  
Trinity FL

3. Mailing Address  
7916 Evolutions Way  
 Suite, Apt. #, etc.  
Suite 106  
 City & State  
Trinity FL

Zip 34655 Country USA Zip 34655 Country USA

6. Name and Address of Current Registered Agent  
 CRUMBLEY, ALLEN S  
 4532 U.S. HIGHWAY 19, SECOND FLOOR  
 NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent  
 Name Crumbley, Allen S.  
 Street Address (P.O. Box Number is Not Acceptable)  
7916 Evolutions Way  
Suite 106  
 City Trinity FL Zip Code 34655

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 Allen S. Crumbley Allen S. Crumbley DATE 4-25-06

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JAMES 5508 PILOTS PLACE NEW PORT RICHEY, FL 34652 <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	S CRUMBLEY, ALLEN S 10811 PANICIUM CT NEW PORT RICHEY, FL 34655 <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	T MITCHELL, D. DEWEY 8600 ST ROAD 54 NEW PORT RICHEY, FL 34655 <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
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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 Allen S. Crumbley Allen S. Crumbley DATE 4/25/06 727-847-6556  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #