


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90180 033 ****50.00

DOCUMENT # L04000029636 1. Entity Name ZUKOWSKI CRT, LLC					
Principal Place of Business 1020 SOUTH FERDON BLVD CRESTVIEW, FL 32536			Mailing Address 1020 SOUTH FERDON BLVD CRESTVIEW, FL 32536		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">33-6158487</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WILLIAMSON, A. WAYNE ESQ 1020 SOUTH FERDON BLVD CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Welton & Williamson, LLC</div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1020 S. Ferdon Blvd.</div> City State Zip Code <div style="display: flex; justify-content: space-between;"> Crestview FL 32536 </div>		
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 <i>A Wayne Williamson, for Welton & Williamson, LLC</i> 1-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, A. WAYNE TRUSTEE 1020 SOUTH FERDON BLVD CRESTVIEW, FL 32536	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>A Wayne Williamson, Trustee/mgrm</i> 1-13-05 882-2120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

200002310

