

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047387

Entity Name: CRAWFORD REDICO, LLC

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

999 VANDERBILT BEACH ROAD, SUITE 602  
NAPLES, FL 34108

**New Principal Place of Business:**

3000 IMMOKALEE RD  
SUITE 5  
NAPLES, FL 34110

**Current Mailing Address:**

999 VANDERBILT BEACH ROAD, SUITE 602  
NAPLES, FL 34108

**New Mailing Address:**

3000 IMMOKALEE RD  
SUITE 5  
NAPLES, FL 34110

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAWFORD, BLAKE  
999 VANDERBILT BEACH ROAD, SUITE 602  
NAPLES, FL 34108    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      CRAWFORD, BLAKE S PRES  
Address:                      3000 IMMOKALEE RD, SUITE 5  
City-St-Zip:                      NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BLAKE S. CRAWFORD                      MGR                      04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date