


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90174 011 \*\*\*138.75

DOCUMENT # L04000047387			
1. Entity Name CRAWFORD REDICO, LLC			
Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110		Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610 City & State Naples, FL Zip 34108 Country U.S.A.		3. Mailing Address 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610 City & State Naples, FL Zip 34108 Country U.S.A.	
6. Name and Address of Current Registered Agent CRAWFORD, BLAKE 999 VANDERBILT BEACH ROAD, SUITE 602 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Crawford, Blake Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Beach Road Suite 610 City Naples FL Zip Code 34108	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAWFORD, BLAKE S PRES 3000 IMMOKALEE RD, SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Vanderbilt Beach Rd., Suite 610 Naples, FL 34108
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
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
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
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
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
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: <u>Blake S. Crawford</u>		Date: <u>3/19/08</u> Daytime Phone #: <u>239-593-6160</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60021840



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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