


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 029 ****50.00

DOCUMENT # L04000051929	
1. Entity Name ANGIE S. CRUSE, LLC	

Principal Place of Business 9924 BALAYE RUN DRIVE 103 TAMPA, FL 33619	Mailing Address 9924 BALAYE RUN DRIVE 103 TAMPA, FL 33619
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2. Principal Place of Business 4602 Leslie Acres Ln.	3. Mailing Address 4602 Leslie Acres Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plant City, FL	City & State Plant City, FL
Zip 33565	Zip 33565
Country U.S.A.	Country U.S.A.



04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1356287		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CRUSE, ANGIE S 9924 BALAYE RUN DRIVE 103 TAMPA, FL 33619		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4602 Leslie Acres Ln. City Plant City FL Zip Code 33565

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 Angie S. Cruse DATE 4/10/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUSE, ANGIE S 9924 BALAYE RUN DRIVE, # 103 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4602 Leslie Acres Ln. Plant City, FL 33565 <input checked="" 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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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: Angie S. Cruse DATE 4/10/2006 DAYTIME PHONE # 813.781.9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE